



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



Head Office

P.O. Box 175, Majuro, Marshall Islands MH 96960
Phone: (692) 625-3101, Fax: (692) 625-4570
Email: rmiworkcomp@rmimissa.org
www.rmiworkcomp.org

Ebeye Branch

P.O. Box 5850, Ebeye, Kwajalein, MH96970
Phone: (692) 329-3788, Fax: 329-3902
Email: missaebeye@rmimissa.org

Form WCA - 206

(Schedule 12 of the Workers' Compensation Regulations)

PERSONAL DOCUMENTATION & RELEVANT INFORMATION

(To be completed by the claimant [or his/her representative] or employer when required by the Administrator)

Date:

To: Mrs. Saane K. Aho, MISSA/WCA Administrator

Subject: Claim for Worker's Compensation, Re: _____
Name of Claimant

Yokwe Madam Administrator,

In compliance to your request for personal documentation and relevant information, I have enclosed in this letter the following documents and information (marked X):

- Birth certificate validated by the Ministry of Internal Affairs
- Marriage certificate
- Notarized affidavit of common law marriage
- Death certificate validated by the Ministry of Internal Affairs
- Medical Certificate or Medical Report relating to injury/illness
- [.....] Proof of Identification (Photo)
- Others (please specify)

You may contact me on phone for more information or clarification.

Sincerely,

Name of Claimant

Name of representative

Signature of Claimant

Signature of representative