



# MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION

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**Form WCA - 203**

(Schedule 13 of the Workers' Compensation Regulations)

## Application for Lump-sum Worker's Compensation Benefit

This application can only be submitted by the Worker or his/her dependent to the Administrator after receipt of a Compensation Order and when the injury/illness has stabilized. In case of death, a copy of the death certificate must be attached to this form and submitted to MISSA.

1 Name, address and SS number of injured worker	2 Date of birth	3 Name of and address of employer
4 Claimant's Representative (if applicable) name and address		5 Insurer's contact details and address
6 Date of injury/illness/death	7 Date worker first lost pay due to injury/illness	
8 Nature of injury/illness		
9 Date of death (if applicable)	10 Place of death (if applicable)	11 Name of beneficiary (if applicable)
12 Address of beneficiary (if applicable)		13 Estimated amount of lump-sum benefit
14 Reason(s) for applying for lump sum benefit (attach evidence that the injury/illness has stabilized)		

Applicant's Declaration:

I hereby declare that a report of my injuries has been filed with the RMI Worker's Compensation Administrator. In lieu of the periodic payment of compensation, I hereby request the Administrator to authorize and approve a single lump sum payment of my compensation equal to the present value of the unpaid future payments due, in accordance with the computation provided by the Administrator.

I further declare that I understand fully that the liability of the employer and their insurer with respect to the compensation for this injury will be released upon approval of this application, and that no further compensation will be due to me, beyond the lump sum payment. Medical benefits in connection with this injury shall not be affected by approval of this request unless otherwise specified by the Administrator.

I further declare, under penalties of perjury, that the information contained in this application is true and correct to the best of my knowledge and belief.

15 Name of person completing this application	16. Signature of applicant	17 Date of this application
18 <b>Recommendation</b> of MISSA claims reviewing officer	19 Position title	20 Signature of MISSA Officer