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.rmimissa.org

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

Form WCA – 204
(Schedule 14 of the Workers' Compensation Regulations)

NOTICE OF EMPLOYER'S/INSURER'S FAILURE TO PAY

Date:

To: Mrs. Saane K. Aho
Administrator
Marshall Islands Workers' Compensation Administration
P.O. 175, Majuro
Marshall Islands MH 96960

Dear Administrator Aho,

Please be advised that despite my demand to pay, my employer _____ or their insurer has failed to pay the worker's compensation due to me.
OR
The employer _____or their insurer has ceased paying me, despite being medically certified as unfit to return to full duties.

The details of the missed payments are as follows:

Amount not paid	:
Due date	:
Claim ref. no.	:
Date of Compensation Order	:
Nature of injury/illness	:
Date of injury/illness	:
Efforts made to seek payment	:

You may contact me on phone…… for more information or requirement(s).

Sincerely

Name of Claimant Signature of Claimant