



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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Form WCA - 402
(Schedule 17 of the Workers' Compensation Regulations)
Insurance Carrier's Premium and Remittance Report
Name of Insurance Carrier EIN Number Address of Insurance Carrier

Table with 3 columns: QUARTER, Premium written A, Premium collected B. Rows include 1st-4th quarters, collections from previous year, total of lines 1-5, 2% levy, deduct previous quarters, amount due, penalty, and total amount due.

INSTRUCTIONS:

- 1. Enter the January to March net policy written on Column A and the amount of premium in Column B;
2. Enter the April to June net policy written on Column A and the amount of premium in Column B;
3. Enter the July to September net policy written on Column A and the amount of premium in Column B;
4. Enter the October to December net policy written on Column A and the amount of premium in Column B;
5. Enter on Column B, the collections made from the previous year for which the 2% levy has not been paid;
6. Enter the total of lines 1 thru 5 in Column B;
7. Multiply the amount on Column B, line 6, by 2% and enter here;
8. Enter total payments made on previous quarter(s) on Column B;
9. Deduct the amount on line 8 from line 7, enter the difference here on Column B;
10. Penalty charges for late filing. Penalty is based on 12% per annum on unpaid amount; and
11. Enter the total of lines 9 and 10 in Column B. Make your check payable to the Marshall Islands Workers' Compensation Administration.

DEADLINES: 1st qtr. - April 30, 2nd qtr. - July 31. 3rd qtr. - Oct. 31, 4th qtr. - Jan. 31

Declaration: I declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Name and signature

Title

Date

FOR WCA USE ONLY
Received by:

Date filed

Official Receipt no.