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Form WCA - 105

(Schedule 1 of the Workers' Compensation Regulations)

APPLICATION FOR EXEMPTION FROM WORKERS' COMPENSATION COVERAGE

Date:

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

Dear Administrator Aho

Due to the following reason(s) marked X below, I hereby request for exemption of coverage from the Workers' Compensation Program or the requirement to purchase insurance, to be implemented on October 1, 2023:

- I am a self-employed worker with no employees and I will take full responsibility of the cost of my treatment for any injury or illness suffered during the ordinary course of my work.
- I am the owner of a small business whose operation involves the employment of both members of my immediate family and others. The business annual gross income is not more than \$25,000. In case of injury or work-related illness of myself or any staff, including immediate family members, listed in the table below, occurs during the ordinary course of my business, **I commit and promise, under oath below, that I will take full and sole responsibility to reimburse the costs associated with their treatment and any lost wages up to \$40,000 until their full recovery.**

	<u>Name</u>	<u>Job title</u>	<u>Nationality</u>	<u>Age</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

5. _____

As required, I also attach the two latest annual Gross Revenue Taxation returns filed with the RMI Revenue and Taxation office to support my application for exemption from purchasing insurance for worker’s compensation.

[] Other. Explain your reasons(s) in detail. You may use a separate sheet if necessary.

You may contact the undersigned for more information or requirement(s).

I hereby certify, under penalty of perjury that all information and answers that I provided are true and correct to the best of my knowledge and belief.

Name: _____ Signature: _____

Registered name of business: _____ Date: _____

NOTE. This document must be notarized.

On this _____ day of _____, 20____, before me a notary public, the undersigned officer,

personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same to the best of his/her knowledge and belief.

In witness hereof, I hereunto set my hand and seal.

NOTARY PUBLIC