



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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Form WCA-305
Schedule 21

CHECKLIST OF REQUIREMENTS

(To be completed by Claims Specialist and attached to the Compensation Order)

Form with multiple sections for data entry: 1 Name of worker, 2 Date of Injury, 3 Insurance carrier, 4 Name of employer, Employer address & contact number, Description of Injury, Illness or death, Check if applicable/on file (listing various WCA forms), Processed by & Date Processed, Reviewed by and Date Reviewed, Approved by and Date Approved.