

## 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.rmiworkcomp.org

Administrator & CEO

**Ebeye Branch** P.O. Box 5850, Ebeye, Kwajalein, MH96970

Phone: (692) 329-3788, Fax: 329-3902 Email: missaebeye@rmimissa.org

Form WCA-305 Schedule 21		
CHECKLIST OF REQUIREMENTS (To be completed by Claims Specialist and attached to the Compensation Order)		
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		
Description of injury, niness of death		
Check if applicable/on file		
[ ] WCA-100 Certificate of Compliance [ ] WCA-200 Notice of Employee's Injury or Illness		
[ ] WCA-101 Employer's Report of Worker's Injury, Illness or Death [ ] WCA-201 Claim for Compensation		
WCA-600 Attending Physician's Initial Report of Treatment WCA-301 Authorization for Medical Examination & Treatment		
[ ] WCA 206 Personal documentation & relevant information		
Processed by & Date Processed:	Remarks	
Claims Specialist		
Reviewed by and Date Reviewed:	Remarks	
Deputy Administrator & COO	Remarks	
Approved by and Date Approved:	Deliidiks	