



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

**Ebeye Branch**

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

**Form WCA - 303**  
Schedule 25

**MEMORANDUM OF DISAGREEMENT & ADMINISTRATOR'S DECISION**

Date:

To: Name of injured employee  
Address

Name of Employer  
Address

Name of Insurance Carrier  
Address

Subject: Disagreement during Informal Meeting on \_\_\_\_\_ (indicate date)

Re: Claim of \_\_\_\_\_ and Claim No. \_\_\_\_\_  
(Name of Claimant)

Yokwe aolep,

Below is a summary of the unsettled disputes that was/were raised during the informal meeting held on \_\_\_\_\_ at the MISSA office in Majuro.

Brief description of the disagreement: \_\_\_\_\_

Based on the testimonies of all parties and the information presented, the undersigned has tentatively decided to:\_\_\_\_\_. The Administrator's decision was based on the following reasons and facts:

1. Recommendation 1
2. Recommendation 2

We are giving you fifteen (15) calendar days to respond if you disagree with the proposed decision and in doing so, intend to make an appeal to the Workers' Compensation Board. In the absence of any such response shall be considered as acceptance to the decision of the Administrator who will make a Compensation Order in the proposed terms.

Sincerely,

Saane K. Aho  
Administrator