



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



Head Office

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Form WCA - 304
Schedule 26

NOTICE OF FORMAL HEARING

Date:

To: Name of injured employee
Address

Name of Employer
Address

Name of Insurance Carrier
Address

Subject: Dispute on Claim for Worker's Compensation

Re: _____ and Claim No. _____
(Name of Claimant)

Yokwe aolep,

In connection with the disputed claim for worker's compensation by the above-mentioned subject employee, we request your attendance to a formal meeting on _____, 2023, at _____ (indicate the time). You will need to allow at least two hours for the meeting. The meeting venue is MISSA's conference room at its head office in Majuro, Republic of the Marshall Islands. It is important to note that members of the Workers' Compensation Board will be present to hear your case.

Please bring with you all pertinent documents and other evidence to support your position on this matter. You will need to advise me in advance if you intend to call any witnesses in support of your position and inform them of the arrangements.

If you are unable to come in person, you may send your authorized representative to attend on your behalf. I require a letter of authorization to accompany any representative.

It is important to note that your or your authorized representative's attendance is required for the early resolution of this dispute. *Failure to attend without any valid reasons(s) will be considered as final acceptance* to the decision of the Administrator as embodied in the Compensation Order issued on _____, 2023.

You may contact the undersigned for more information or clarification.

Sincerely,

Bill Joseph
Deputy Administrator & COO