



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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Form WCA - 307
(Schedule 28)

NOTICE OF APPROVAL OR DENIAL OF APPLICATION FOR EXEMPTION FROM WCP

Date:

To: Name of Business _____

Attention of: Mr/Ms _____
Position title _____

Subject: Your application for Exemption from Workers' Compensation Program

Dear _____,

After careful and thorough review of your application, the Marshall Islands Workers' Compensation Administration (MIWCA) has:

approved your application as your business/company has met the following criteria and requirements that is/are marked X:

You are a self-employed worker with no employee and **promised under oath** to take full responsibility of the cost of your treatment for any injury or sickness suffered during the ordinary course of your work.

You are the owner of a small business whose operation involves the employment of both members of your immediate family and others and your business annual gross income is not more than \$25,000. In case of injury or work-related illness of yourself or any staff, including immediate family members, listed in your application for exemption from WCP, occurs during the ordinary course of my business, you have committed and promised, under oath below, that you 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.

Note that this approval is only for exemption from insurance coverage. You will still be responsible and liable for the payment of lost wages and treatment of your workers if and when they suffer work-related injuries or illness.

denied your application due to the following reason(s):

Upon verification, the annual cash revenue of your business has exceeded \$25,000;

[] Your business could not be considered as “small” business because you have a total of _____ employees of which _____ are not immediate family members.

[] Other, to be explained in detail. A separate sheet may be used if necessary.

You may contact the undersigned for more information or clarification.

Sincerely,

Saane K. Aho
Administrator