



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.or

Form WCA - 300
(Schedule 4 of the Workers' Compensation Regulations)

COMPENSATION ORDER

Copy distribution: 1. Insurance carrier 2. Claimant/worker 3. Employer 4. WCA file

This letter serves to confirm that the below-mentioned claim for worker's compensation benefits has been:

[] approved [] Denied [] put on hold

Form with fields for: 1. Claim No., 2. Claimant's name, 3. Employer's name, 4. Nature/description of injury/illness, 5. Date & Place where injury/illness occurred, 6. Reasons for approval, 7. Reasons for denial, 8. Reasons for claims being put on hold, and a signature line for Saane K. Aho, Administrator.