

## MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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## 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		nied	[ ] put on hold	
1. Claim No.	2. Claimant's name:		3. Employer's name:	
Nature/description of injury/illness			5. Date & Place where injury/illness occurred	
6. Reasons for approval:  [ ] Injury, illness or death was caused by work related incident.  [ ] incident was corroborated by witness(es) and injury confirmed by attending physician.  [ ] disability falls within the eligibility requirements of the Workers' Compensation law.  [ ] required documents were submitted on time and found to be in order.  [ ] Other (Specify)  THE ADMINISTRATOR HEREBY ORDER THE FOLLOWING INSURANCE CARRIER TO PROCESS PAYMENT OF THIS CLAIM WITHIN 15 CALENDAR DAYS.				
[ ] Moylan's Insurance [ ] Marshalls Insurance Agency [ ] Other				
<ul> <li>[ ] injured worker is not covered by worker's compensation insurance policy.</li> <li>[ ] injury, illness or death was not caused by work related incident.</li> <li>[ ] worker's statements are doubtful or there was no witness who can confirm alleged injury/illness/death.</li> <li>[ ] injury/disability does not fall within the eligibility requirements of the Workers' Compensation law.</li> </ul>				
<ul> <li>[ ] injury does not have any significant impact on the worker's ability to perform his normal duties.</li> <li>[ ] claim for worker's compensation was filed beyond the deadline of one year after the date of injury.</li> <li>[ ] the new and additional evidence presented are not strong and convincing enough to change the previous decision of the Administrator to deny the claim for worker's compensation.</li> <li>[ ] injured employee was excessively intoxicated at the time causing the incident.</li> <li>[ ] there was willful intention of worker to injure/kill himself or others.</li> </ul>				
8. Reasons for claims being put on hold  [ ] the following requirements have not been satisfactorily met:  [ ] awaiting the outcome of a detailed investigation into the cause of the injury/illness/death  [ ] worker has not provided supportive medical evidence  [ ] worker's medical information is insufficient or the worker has refused to undergo medical examination by a physician.				
		Date		
Saane K. Aho, Administrator				