



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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Form WCA - 106
Schedule 5

APPLICATION FOR SELF-INSURANCE

Date:

To: Mrs. Saane K. Aho
Administrator
Marshall Islands Workers' Compensation Administration
P.O. 175, Majuro
Marshall Islands MH 96960

Dear Administrator Aho,

In connection with the implementation of the Workers' Compensation Program starting October 1, 2023, _____ (indicate business name) would like to apply for self-insurance for the following reason(s) marked X below:

- Based on the attached financial report, I believe that _____ (indicate business name) will be able to meet its financial liabilities and can manage financial transactions necessary to make timely payments of compensation and reimbursements as required under the Worker's Compensation Act;

Indicate whether the attached financial statements (F/S) are audited or not:

- F/S are audited
 F/S are not audited
- We have the necessary resources for the purpose of administering claims under the Workers Compensation Act;
- We are providing the attached evidence to prove that we are actively monitoring the incidence and severity of work injuries arising from employment on all of our locations;
- We are strictly and consistently implementing health and safety arrangements and practices to ensure the protection and security of our employees in the workplace;

[] Our management has a sound understanding of the supports required for the rehabilitation of injured employees to achieve their recovery and return to work, including providing suitable employment to employees who suffer work injuries.

[] Other (Explain in detail)

You may contact the undersigned for more information or requirement(s).

I hereby certify, under penalty of perjury that all information and answers that I provided are true and correct to the best of my knowledge and belief.

Name: _____ Signature: _____

Registered name of business: _____ Date: _____

NOTE. This document must be notarized and supporting financial report attached.

On this _____ day of _____, 20____, before me a notary public, the undersigned officer,

personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same to the best of his/her knowledge and belief.

In witness hereof, I hereunto set my hand and seal.

NOTARY PUBLIC