



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



**Head Office**

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**Form WCA - 308**

(Schedule 7 of the Workers' compensation Regulations)

**NOTICE OF FILED CLAIM**

(To be issued by the Administrator within 10 days after a claim was received)

Date:

To: Name of injured/ill/deceased worker  
Address

Name of Employer  
Address

Name of Insurance Carrier (if appropriate)  
Address

Subject: Claim for Worker's Compensation, Re: Name of Claimant

Yokwe aolep,

Please be informed that on \_\_\_\_\_, we have received a claim for workers' compensation as follows:

- Name of claimant worker :
- Name of employer :
- Date of injury/illness/death :
- Nature of injury/illness :
- Cause of death (if applicable) :
- Claim reference no. :

Any party who has any objection to this claim may file a notice of objection within 14 days upon receipt of this notice, pursuant to the Workers' Compensation Regulations.

You may contact the undersigned for more information or clarification.

Sincerely,

Saane K. Aho  
Administrator