



Head Office

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Form WCA - 301

(Schedule 8 of the Workers' Compensation Regulations)

NOTICE OF HEARING BY ADMINISTRATOR

To be sent at least 10 Calendar days before Hearing

Date:

To: Name of injured worker
Address

Name of Employer
Address

Name of Insurance Carrier
Address

Subject: Review/Dispute on Claim for Worker's Compensation

_____ and Claim Number: _____
(name of claimant)

Yokwe aolep,

In connection with the review/dispute of the claim for worker's compensation by the above-mentioned subject worker, we request your attendance to an informal meeting on _____, 2023, at _____ (indicate the time). The meeting venue is MISSA's conference room at its head office in Majuro, Republic of the Marshall Islands. You will need to allow ____ hours.

Please bring with you all pertinent documents and other evidence to support your position on this matter.

If you are unable to come in person, you may send your authorized representative to attend on your behalf. I require a letter of authorization to accompany any representative.

It is important to note that you or your authorized representative's attendance is required for the early resolution of this dispute. *Failure to do so on your part within 10 calendar days without any valid reasons(s) will be considered as final acceptance* of the decision of the Administrator, which will later be embodied in the Compensation Order and be legally binding on both the claimant and the employer/insurer.

You may contact the undersigned for more information or clarification.

Sincerely,

Bill Joseph
Deputy Administrator & COO