



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



**Head Office**

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**Form WCA - 302**

(Schedule 9 of the Workers' Compensation Regulations)

**MEMORANDUM OF AGREEMENT &  
ADMINISTRATOR'S DECISION**

Date:

To: Name of injured worker  
Address

Name of Employer  
Address

Name of Insurance Carrier  
Address

Subject: Agreement reached on \_\_\_\_\_ Re: Claim No: \_\_\_\_\_ of \_\_\_\_\_  
(indicate date) (Name of Claimant)

Yokwe aolep,

Below is a summary of the agreement that was reached during the Hearing held on \_\_\_\_\_ at the MISSA office in Majuro/Ebeye.

Brief description of the agreement: \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_

Based on the statements and information presented by all parties, and the final settlement agreed upon, the undersigned has decided

\_\_\_\_\_

To confirm with the above-mentioned agreement and facilitate final resolution of the claim, all parties in the meeting must sign below.

CONFIRMED:

\_\_\_\_\_  
Worker/claimant

\_\_\_\_\_  
Employer/representative & Position title

\_\_\_\_\_  
Representative of Insurance carrier

\_\_\_\_\_  
MISSA Administrator/Deputy Administrator