



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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Form WCA-207  
(Schedule 24)

**MĀLIM IN KŌTŁOK REKOOT IN MEĻEĻE KO KŌN ŅA  
IM REKOOT IN TAKTŌ KO AŌ**

Ñan: \_\_\_\_\_

Atōrej: \_\_\_\_\_

Dear Sir/Madam,

Ña, \_\_\_\_\_, juon eo eṃōj an eļļā iio eo an ekkar ñan kien (legal age) im ij jokwe ilo bukwoñ in \_\_\_\_\_, aelōñ in \_\_\_\_\_, Republic of the Marshall Islands, kab RMI Social Security eo aō ej No. 04-\_\_\_\_\_, ij kōmālim ijin im kajjitōk bwe en maroñ rōļok aolep rekoot in meļeļe kein (eṃōj aō kōkaļleiki ak ṃaaki itulal), ñan Marshall Islands Social Security Administration, Administrator and Worker's Compensation Board of the Marshall Islands Workers' Compensation Program eo:

- Rekoot in Taktō ko
- Rekoot ko an Labor Office eo
- Rekoot ko an Mōn Bwilijmāñ
- Rekoot ko an Jikin Jerbal
- Rekoot ko an Immigration
- Ko Jet \_\_\_\_\_  
(jouj im kaalikkare)

Imeļeļe bwe rekoot in meļeļe kein ij kajjitōk kaki naaj kōjrbali ñan un ko wōt im rej ekkejel ippān claim eo aō ñan bōk kōļļā, Worker's Compensation Claim nōṃba \_\_\_\_\_, itok jān an kar waļok jorrāñ/nañinmej ñan ña ilo \_\_\_\_\_, 20\_\_\_\_. Meñe iuṃwin kakien ko an Republic eo an Marshall Islands, ewōr aō jīmwe im maroñ ñan kōjparok rekoot in meļeļe ko aō jān ro jet im dāpiji jān ro kar jab kōmālimi, ij kwaļok ijin ke ij waive ak kōtļok bwe jīmwe im maroñ kein aō ren jab jermal ñan peba kein ij kōtļoki.

Rainin \_\_\_\_\_ ilo allōñ in \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Etaṃ im eļtan peim

Notary Public

\_\_\_\_\_  
Etan im eļtan pein ri-kaṃool eo