



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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**Form WCA - 201**

(Schedule 6 in Laajrak ko an Workers' Compensation būrookraam eo)

**CLAIM EO AN RI-JERBAL EO ÑAN BŌK KŌLLĀ**

(En kanne ilowaan juon iiō jān raan eo ekar waļok jorrāān/nañinmej/mej ñan ri-jerbal eo ak raan eo āliktata ear bōjrak an kōllā jān jikin jerbal eo an)

1. Etan ri-jerbal eo ejorrāān/ SSS No.	2. Etan jikin jerbal eo:
3. Mailing atōrej & nōm̄ba in talboon eo an ri-jerbal eo.	4. Mailing atōrej & nōm̄ba eo an jikin jerbal eo:
5. Ri-jerbal eo ej jitijen (citizen) in ia (ñan kōjerbale kōn un ko rejelōt Medical referral):	6. Ewōr ke an MOH Health Card me ej jerbal wōt? <input type="checkbox"/> Aet <input type="checkbox"/> Jaab Raan eo ej expire card eo:
7. Raan & awa eo ekar waļok jorrāān eo/mej:	8. Raan eo jikin jerbal eo ear jino jeļā kōn jorrāān eo:
9. Raan & awa eo ri-jerbal eo ekar bōjrak an jerbal kōn an kar waļok jorrāān eo/nañinmej/mej:	10. Raan eo & awa eo ri-jerbal eo ekar roļ im jerbal:
11. Raan & awa eo ekar bōjrak an kōllā:	12. Raan in jerbal ko an ri-jerbal eo ilo kajjojo wiik in jerbal: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa
13. Ta jerbal/eddo eo an:	14. Oñāān ri-jerbal eo + oñāān an overtime: Ilo juon awa: \$..... Ilo juon raan: \$..... Ilo juon wiik: \$..... Ilo juon iiō: \$.....
15. Ebar ke wōr armej ekar jorrāān ijellōkun ri-jerbal eo: <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Kōmeļeļeik tipdikin an kar waļok jorrāān eo. Kwaļok ta eo ri-jerbal eo ekar kōm̄mane ilo tōre eo ear waļok jorrāān eo. Kaalikare ñe ekar juon wōr armej ekar pād im loe ta ko rar waļok im kajjitōk bwe kōmeļeļeiki ilo jeje. Kwaļok ta mōttan ko ilo ānbwinnin rejorrāān, ñan waanjoñak: ebwilok neen, ebbōj pein, ebwil mejān. Kōjerbale bar juon (ak elōñļok) peba ñe emenin aikuj.	
17. KAIN CLAIM ROT IN KWŌJ KAJJITŌKE <input type="checkbox"/> Temporary disability (bwe en wōnmaanļok kōllā eo an ilo tōre eo ejjab maroñ jerbal) <input type="checkbox"/> Permanent disability (wōnmaanļok jipañ ñane itok jān an jorrāān juon mōttan ilo ānbwinnin me eban maroñ bar jerbal kake _____) <input type="checkbox"/> Disfigurement (Joñan ļapin jorrāān eo emōj an ukot nemāmein ak jekjekin, āinwōt bōran/mejān) <input type="checkbox"/> Bar Juon Kain :	Kōmeļeļeiki:
18. Kwaar ke bōk jipañ ko ikijijen taktō? <input type="checkbox"/> Aet <input type="checkbox"/> Jaab Raan: Jān:..... ñan.....	19. Ñe aet, kwaļok etan taktō eo im aupjitōl eo

20. Etan & eltan pein ri-jerbal/raan eo:	21. Ñe ri-jerbal eo ejjab maroñ kanne peba in, armej eo ekar kanne peba in en je etan im likūt eltan pein ak jain:
22. Ripoot eo jān Taktō en ekkejeltok	23. Raan eo ekar kōmman Ripoot eo jān Taktō
24. Claim Nōmba (MISSA enaaj likūti)	25. Armej eo ekar file e (MISSA)