



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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Form WCA - 201

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

CLAIM EO AN RI-JERBAL EO ÑAN BÖK KÖLLÄ

(En kanne ilowaan juon iiö jän raan eo ekar waļok jorrään/nañinmej/mej ñan ri-jerbal eo ak raan eo äliktata ear böjrak an köllä jän jikin jerbal eo an)

Form with 18 numbered sections for claim information, including fields for name, mailing address, medical referral, dates, and disability type.

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)