

CONSENT BETWEEN EMPLOYER AND EMPLOYEE

STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER:		7. WCB FILE NUMBER:	
2. EMPLOYER NAME:		8. EMPLOYEE LAST NAME:		9. FIRST NAME:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY:		17. DESCRIPTION OF INJURY:	
10. M.I.:					
15. HOME PHONE NUMBER:					

18. TERMS OF CONSENT:			
18A. DATE OF INCAPACITY:	18B. AVERAGE WEEKLY WAGE: \$	18C. CURRENT WEEKLY COMPENSATION RATE: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL \$	18D. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, GIVE NAME(S): <input type="checkbox"/> YES <input type="checkbox"/> NO
18E. NEW COMPENSATION RATE: \$	18F. EFFECTIVE DATE OF REDUCTION:	18G. EFFECTIVE DATE OF DISCONTINUANCE:	18H. AMOUNT PAID: \$

19. NOTICE TO EMPLOYEE (Please read and initial)

BEFORE YOU SIGN THIS FORM, YOU SHALL CALL THE WORKERS' COMPENSATION BOARD'S OFFICES TO FIND OUT WHAT RIGHTS YOU HAVE IF YOU SIGN THIS FORM. A LIST OF THE BOARD'S REGIONAL OFFICES IS SHOWN AT THE BOTTOM OF THIS PAGE.

EMPLOYEE INITIALS: _____

NOTICE TO EMPLOYER

THIS FORM SHALL NOT BE USED FOR CASES WHEN AN ORDER, AWARD OF COMPENSATION OR A COMPENSATION SCHEME WAS ENTERED UNDER SECTION 205(9)(B)(2).

CONSENT

20. WE AGREE TO THE TERMS LISTED IN BOX 18 ABOVE. WE UNDERSTAND THAT THIS IS NOT A FINAL SETTLEMENT. SIGNING THIS CONSENT FORM CREATES A PAYMENT WITHOUT PREJUDICE, DOES NOT CREATE A PAYMENT SCHEME, AND DOES NOT PREVENT EITHER PARTY FROM REOPENING THE CLAIM WITHIN CERTAIN TIME LIMITS. THIS FORM MUST BE SIGNED BY THE EMPLOYEE AND BY THE EMPLOYER / INSURER OR BY A DULY AUTHORIZED REPRESENTATIVE.

EMPLOYEE OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
EMPLOYER/INSURER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

ASSISTANCE IS AVAILABLE AT THE BOARD'S REGIONAL OFFICES:

AUGUSTA 24 STONE ST. AUGUSTA, ME 04330-5220 287-2168 1-800-400-6854	BANGOR 106 HOGAN RD. BANGOR, ME 04401-5640 941-4550 1-800-400-6856	CARIBOU 10 WASHBURN AVE. SUITE 110 CARIBOU, ME 04736-2347 498-6428 1-800-400-6855
LEWISTON 140 CANAL ST. LEWISTON, ME 04240-7711 783-5490 1-800-400-6857	PORTLAND 62 ELM ST. PORTLAND, ME 04101-3061 822-0840 1-800-400-6858	

21. PREPARER NAME AND TITLE (TYPE OR PRINT):	22. TELEPHONE NUMBER:	23. DATE MAILED:
--	-----------------------	------------------

THIS DOCUMENT MAY BE PRODUCED IN ALTERNATIVE FORMATS SUCH AS BRAILLE, LARGE PRINT AND AUDIOTAPE.