

# STATEMENT OF COMPENSATION PAID

STATE OF MAINE

WORKERS' COMPENSATION BOARD

STATION 27, 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:	10. M.I.:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

## NOTICE TO EMPLOYEE

**THIS REPORT IS A PAYMENT SUMMARY OF YOUR CLAIM. PLEASE KEEP FOR YOUR RECORDS.**

18.  INTERIM REPORT (ONGOING PAYMENTS)  FINAL REPORT

19. A. IS THERE ANY INDICATION THAT THE INJURY IS PERMANENT?  YES  NO  
B. IF THE ANSWER IS YES, WHAT IS THE PERMANENT IMPAIRMENT RATING? \_\_\_\_\_ %  NOT YET AVAILABLE.

## PAYMENT SUMMARY

20. LIST CUMULATIVE TOTALS:			
MEDICAL	\$	DEATH BENEFIT/FUNERAL EXPENSE	\$
WEEKLY COMPENSATION	\$	LEGAL EXPENSE (EMPLOYEE RELATED)	\$
PERMANENT IMPAIRMENT	\$	LEGAL EXPENSE (EMPLOYER RELATED)	\$
REHABILITATION EXPENSE	\$	OTHER PAYMENTS	\$
LUMP SUM SETTLEMENT	\$		
TOTAL PAID			\$

## ASSISTANCE IS AVAILABLE AT THE BOARD'S REGIONAL OFFICES:

**AUGUSTA**  
24 STONE ST, STE 2  
AUGUSTA, ME 04330-5220  
287-2308  
1-800-400-6854  
TTY (877) 832-5525

**BANGOR**  
106 HOGAN RD.  
BANGOR, ME 04401-5640  
941-4550  
1-800-400-6856

**CARIBOU**  
ONE VAUGHN PLACE  
43 HATCH DR, STE 110  
CARIBOU, ME 04736  
498-6428  
1-800-400-6855

**LEWISTON**  
36 MOLLISON WAY  
LEWISTON, ME 04240-5811  
753-7700  
1-800-400-6857

**PORTLAND**  
62 ELM ST  
PORTLAND, ME 04101-6858  
822-0840  
1-800-400-6858

21. PREPARER NAME AND TITLE (TYPE OR PRINT):

22. TELEPHONE NUMBER:

23. DATE:

THE STATE OF MAINE DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN ADMISSION TO, ACCESS TO, OR OPERATION OF ITS PROGRAMS, SERVICES, OR ACTIVITIES. THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT. FOR FURTHER ASSISTANCE, CONTACT THE MAINE WORKERS' COMPENSATION BOARD, ADA COORDINATOR, TELEPHONE: 1-888-801-9087 OR TTY (877) 832-5525/WCB 11 (3/98)

Distribution: (1) Workers' Compensation Board, (2) Employee, (3) Insurer, (4) Employer