

PETITION FOR RESTORATION

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

EMPLOYEE

EMPLOYER

NAME: _____) NAME: _____
STREET/P.O. BOX: _____) STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____) CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____)
EMPLOYEE SOCIAL SECURITY NUMBER: _____) NAME: _____
BOARD FILE NUMBER: _____) STREET/P.O. BOX: _____
(IF KNOWN)) CITY, STATE, ZIP: _____

INSURANCE COMPANY

- On _____, _____
MONTH DAY YEAR EMPLOYEE NAME
experienced a work-related injury while working for _____.
EMPLOYER NAME
- Describe how the injury occurred: _____.
- List the body part(s) injured: _____.
- Compensation of \$ _____ per week was paid for _____.
PARTIAL/TOTAL INCAPACITY (SELECT ONE)
- Compensation benefits were _____ as of _____.
REDUCED/DISCONTINUED/ (SELECT ONE) MONTH DAY YEAR
- As of _____, a new period of _____ exists.
MONTH DAY YEAR PARTIAL/TOTAL INCAPACITY (SELECT ONE)

WHEREFORE, the employee asks the Board to order the restoration of the following benefits pursuant to 39-A M.R.S.A. (check all that apply):

- _____ Weekly lost time benefits
_____ Specific loss benefits
_____ Other (please specify) _____

SIGNATURE OF EMPLOYEE DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

- Mail original petition to the Workers= Compensation Board at the above address by regular mail.
- Mail one (1) copy **by certified mail, return receipt requested** to the insurance company.
- Mail one (1) copy **by certified mail, return receipt requested** to the employer.
- Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

NAME OF EMPLOYEE'S ATTORNEY OR ADVOCATE (IF ANY)

STREET/P.O. BOX

CITY, STATE, ZIP

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-170 (06/98)