

DISCONTINUANCE OR MODIFICATION OF COMPENSATION

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:		

DISCONTINUANCE

18. REASON FOR DISCONTINUANCE:			
<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER ↗ 205 (9) (A)		<input type="checkbox"/> INCREASED EARNINGS ↗ 205 (9) (A)	
<input type="checkbox"/> BOARD DECISION		<input type="checkbox"/> OTHER (EXPLAIN) _____	
19. PERIOD OF INCAPACITY: FROM (DATE): TO: (RETURN DATE):	20. WEEKLY COMPENSATION RATE:	21. AMOUNT PAID:	22. DATE OF FINAL PAYMENT:

MODIFICATION

23. REASON FOR MODIFICATION:		
<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER ↗ 205 (9) (A)	<input type="checkbox"/> DECREASED EARNINGS	<input type="checkbox"/> AVERAGE WEEKLY WAGE ESTABLISHED
<input type="checkbox"/> INCREASED EARNINGS ↗ 205 (9) (A) OTHER (EXPLAIN)	<input type="checkbox"/> COST OF LIVING ADJUSTMENT	<input type="checkbox"/> OTHER (EXPLAIN) _____
24. OLD COMPENSATION RATE:	25. NEW COMPENSATION RATE:	26. EFFECTIVE DATE OF MODIFICATION:

27. COMMENTS:

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	

28. PREPARER NAME AND TITLE (TYPE OR PRINT):		29. TELEPHONE NUMBER:	30. DATE MAILED:
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THIS DOCUMENT MAY BE PRODUCED IN ALTERNATIVE FORMATS SUCH AS BRAILLE, LARGE PRINT AND AUDIOTAPE.
 WCB 4 (8/94)
 Distribution: (1) Workers' Compensation Board, (2) Employee, (3) Insurer, (4) Employer