

CERTIFICATE OF DISCONTINUANCE OR REDUCTION OF COMPENSATION

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

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| 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: |
| 5. INSURER MAILING ADDRESS: | 16. DATE OF INJURY: | 17. DESCRIPTION OF INJURY: | |

NOTICE TO EMPLOYEE

YOUR WEEKLY COMPENSATION BENEFITS WILL BE DISCONTINUED OR REDUCED 21 DAYS FROM THE DATE THIS CERTIFICATE WAS MAILED BASED ON THE ATTACHED INFORMATION. IF YOU DISAGREE WITH THIS ACTION, YOU ARE ENTITLED TO FILE A PETITION FOR REVIEW AND TO REQUEST THE PROVISIONAL REINSTATEMENT OF YOUR BENEFITS. YOUR PETITION AND REQUEST SHOULD BE MAILED TO THE ABOVE WORKERS' COMPENSATION BOARD ADDRESS.

18 REASON FOR DISCONTINUANCE:

DISCONTINUANCE

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| 19. PERIOD OF INCAPACITY: FROM (DATE): TO (EFFECTIVE DATE OF DISCONTINUANCE): | 20. WEEKLY COMPENSATION RATE: | 21. COMPENSATION PAYMENT TO DATE OF CERTIFICATE: | 22. COMPENSATION TO BE PAID FOR 21 DAY PERIOD: |
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REDUCTION

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| 23. OLD COMPENSATION RATE: | 24. NEW COMPENSATION RATE: | 25. EFFECTIVE DATE OF REDUCTION: |
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26. 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

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| 27. PREPARER NAME AND TITLE (TYPE OR PRINT): | 28. TELEPHONE NUMBER: | 29. DATE MAILED: |
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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 -8 (8/94) DISTRIBUTION: COPY (1) WORKERS' COMPENSATION BOARD, (2) EMPLOYEE, (3) INSURER, (4) EMPLOYER