

MODIFICATION OF COMPENSATION

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|---|--|---|--|--|---|------------------------|
| 1. REVISION DATE: MM / DD / YYYY | | STATE OF MAINE WORKERS' COMPENSATION BOARD 27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027 | | | 2. WCB FILE NUMBER (if known): | |
| EMPLOYEE | | | | | | |
| 3. EMPLOYEE LAST NAME: | | 4. FIRST NAME: | | 5. MI.: | 6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX- | |
| 7. STREET/P.O. BOX MAILING ADDRESS: | | 8. CITY: | | 9. STATE: | 10. ZIP: | 11. HOME PHONE NUMBER: |
| 12. DATE OF INJURY: MM / DD / YYYY | | 13. SPECIFIC INJURY OR ILLNESS: | | | 14. BODY PARTS (S) AFFECTED: | |
| EMPLOYER/INSURER | | | | | | |
| 15. INSURER FILE NUMBER: | | 16. EMPLOYER NAME: | | 17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER: | | |
| 18. INSURER NAME: | | 19. INSURER MAILING ADDRESS AND PHONE NUMBER: | | | | |

| INCREASE | DECREASE |
|---|--|
| 20. WEEKLY CHECK INCREASED FOR: <input type="checkbox"/> DECREASED EARNINGS WITH SAME EMPLOYER <input type="checkbox"/> FRINGE BENEFITS <input type="checkbox"/> BOARD DECISION <input type="checkbox"/> MAX RATE INCREASE <input type="checkbox"/> COST OF LIVING ADJUSTMENT <input type="checkbox"/> 3 rd PARTY LIABILITY (§107) <input type="checkbox"/> EARNINGS ((§213(1)) <input type="checkbox"/> UNEMPLOYMENT COMPENSATION (§220) <input type="checkbox"/> SOCIAL SECURITY RETIREMENT (§221(3)(A)(1)) <input type="checkbox"/> PAID TIME OFF (§221(3)(A)(2)) <input type="checkbox"/> WAGE CONTINUATION PLAN (§221(3)(A)(2)) <input type="checkbox"/> DISABILITY INSURANCE (§221(3)(A)(3)) <input type="checkbox"/> EMPLOYER FUNDED PENSION (§ 221(3)(A)(5)) <input type="checkbox"/> APPORTIONMENT (§ 354) <input type="checkbox"/> OTHER (EXPLAIN): _____ | 21. WEEKLY CHECK DECREASED FOR: <input type="checkbox"/> INCREASED EARNINGS WITH SAME EMPLOYER <input type="checkbox"/> FRINGE BENEFITS <input type="checkbox"/> BOARD DECISION <input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER, MODIFIED WORK/DUTY <input type="checkbox"/> 3 rd PARTY LIABILITY (§107) <input type="checkbox"/> EARNINGS ((§213(1)) <input type="checkbox"/> UNEMPLOYMENT COMPENSATION (§220) <input type="checkbox"/> SOCIAL SECURITY RETIREMENT (§221(3)(A)(1)) <input type="checkbox"/> PAID TIME OFF (§221(3)(A)(2)) <input type="checkbox"/> WAGE CONTINUATION PLAN (§221(3)(A)(2)) <input type="checkbox"/> DISABILITY INSURANCE (§221(3)(A)(3)) <input type="checkbox"/> EMPLOYER FUNDED PENSION (§ 221(3)(A)(5)) <input type="checkbox"/> APPORTIONMENT (§ 354) <input type="checkbox"/> OTHER (EXPLAIN): _____ |

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| 22. OLD COMPENSATION RATE: | | 23. NEW COMPENSATION RATE: | 24. EFFECTIVE DATE OF MODIFICATION: |
| 25. BENEFIT TYPE: A. <input type="checkbox"/> TOTAL (§212) B. <input type="checkbox"/> PARTIAL (§213) C. <input type="checkbox"/> FATAL (§215/§355 (14) (F)) | | 26. COMMENTS: | |

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA
442 CIVIC CTR DR, STE 225
156 STATE HOUSE STATION
AUGUSTA, ME 04333-0156
(207) 287-2308
1-800-400-6854

BANGOR
396 GRIFFIN RD, STE 105
BANGOR, ME
04401-5638
(207) 941-4550
1-800-400-6856

CARIBOU
ONE VAUGHN PL
43 HATCH DR, STE 110
CARIBOU, ME 04736
(207) 498-6428
1-800-400-6855

LEWISTON
36 MOLLISON WAY
LEWISTON, ME
04240-7777
(207) 753-7700
1-800-400-6857

PORTLAND
56 NORTHPORT DR, STE 201
PORTLAND, ME
04103
(207) 822-0840
1-800-400-6858

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|---|--|---|--|
| 27. PREPARER NAME (REQUIRED): E-MAIL ADDRESS (REQUIRED): | | 28. TELEPHONE NUMBER (REQUIRED): TOLL-FREE NUMBER: | 29. DATE MAILED: MM / DD / YYYY |
|---|--|---|--|