

NOTICE OF CONTROVERSY

THIS IS A DENIAL OF YOUR BENEFITS

1. WCB FILE # (if known):

EMPLOYEE

| | | | | |
|-------------------------------------|---------------------------------|-----------|----------------------------|--------------------------|
| 2. EMPLOYEE LAST NAME: | 3. FIRST NAME: | 4. MI: | 5. EMPLOYEE ID: | |
| | | TYPE: #: | | |
| 6. STREET/P.O. BOX MAILING ADDRESS: | 7. CITY: | 8. STATE: | 9. ZIP: | 10. HOME PHONE #: () |
| 11. DATE OF INJURY: / / | 12. SPECIFIC INJURY OR ILLNESS: | | 13. BODY PART(S) AFFECTED: | |

EMPLOYER

| | | | |
|---|--------------------|---|--|
| 14. INSURER/CLAIM ADMIN FILE #: | 15. EMPLOYER NAME: | 16. EMPLOYER MAILING ADDRESS AND PHONE #: | |
| 17. INSURER/CLAIM ADMIN NAME AND ADDRESS: | | 18. INSURER/CLAIM ADMIN FEIN: | |

NOTICE TO EMPLOYEE

YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW. IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.

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| <p>19a. <b style="text-align: center;">FULL DENIAL REASON</p> <p>FULL DENIAL EFFECTIVE DATE / / </p> <p><small>*NOTE: Reasons identified in boxes 19a or 19b will not preclude a party from raising additional issues at a later date.</small></p> | <p>19b. <b style="text-align: center;">PARTIAL DENIAL REASON</p> <p>20a. DATE OF INITIAL INCAPACITY / / </p> <p>CURRENT DTE OF INCAPACITY / / </p> <p>20b. DATE EMPLOYER NOTIFIED / / </p> |
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COMMENTS:

22. IF THIS DENIAL NOTICE IS NOT TIMELY PURSUANT TO RULE 1.1, the employee must be paid total benefits, with credit for earnings and other statutory offsets, from the date of incapacity in accordance with 39-A M.R.S.A. § 205(2) and in compliance with 39-A M.R.S.A. § 204. The requirement for payment of benefits under this subsection automatically ceases upon the filing of a Notice of Controversy and the payment of any accrued benefits. Payment under Rule 1.1 requires filing of a Memorandum of Payment.

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

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|--|--|--|---|--|
| AUGUSTA 24 STONE ST. SUITE 2 AUGUSTA, ME 04330-5220 (207)287-2308 (Voice) 1-800-400-6854 (Voice) TTY 1-877-832-5525 | BANGOR 106 HOGAN ROAD BANGOR, ME 04401-5638 (207)941-4550 1-800-400-6856 | CARIBOU 43 HATCH DRIVE SUITE 110 CARIBOU, ME 04736-2347 (207)498-6428 1-800-400-6855 | LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240-5811 (207)753-7700 1-800-400-6857 | PORTLAND 62 ELM ST. PORTLAND, ME 04101-3061 (207)822-0840 1-800-400-6858 |
|--|--|--|---|--|

| | | |
|---------------------------|-----------------------------|--|
| 23. NAME (TYPE OR PRINT): | 24. TELEPHONE #: () | 25. DATE SENT TO WCB: / / |
| E-MAIL ADDRESS: | | 26. DATE RCVD AT THE WCB (WCB use only): / / |

WCB-9 (1/12/06) The State of Maine does not discriminate on the basis of disability in admission to, access to, or operation of

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