3rd Edition

Claims Unit Newsletter

State of Maine
Workers' Compensation
Board

Summer is here, and we're so ready!

As we celebrate Independence Day, the spirit of summer in Maine is in full swing - filled with lake trips, camping adventures, and the warmth of the season. With this peak time comes a surge in seasonal employment, and we are committed to ensuring the claims process remains as efficient and reliable as the annual fireworks show. As always we'd love to hear from you so please send questions and suggestions to Magy.Taylor@maine.gov And if you know someone who would like to sign up for our newsletter, send them this link: **WCB Claims Unit Newsletter - Sign Up**

Revised Forms are Now Available!

On May 12, 2026, the Maine Workers' Compensation Board of Directors voted to adopt changes to the forms listed below. **The effective date of these forms is June 1, 2026, with a 90-day grace period to begin using them (9/1/2026).** As always WCB forms can be found on our website: **https://www.maine.gov/wcb/forms/index.html**

- WCB-2 Wage Statement
- WCB-2B Fringe Benefits Worksheet
- WCB-3 Memorandum of Payment
- WCB-3A Memorandum of One-Time Payment (optional)
- WCB-4D Discontinuance of Compensation
- WCB-4M Modification of Compensation
- WCB-8 Certificate of Discontinuance or Reduction of Compensation
- WCB-10 Lump Sum Settlement
- WCB-11A Statement of Compensation Paid
- WCB-11B Statement of Compensation Paid (with instructions)

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Updates

May 13th Payment Forms Training

Back in May, many of you joined us in Augusta for our live Payment Forms Training session. Deputy Director Kimberlee McCarson kicked things off with an insightful presentation packed with great tips and tricks for navigating our forms. We also heard from Carrie Pomeroy of the Monitoring Department, who provided a valuable overview of the benchmarks and metrics the Board reviews for each insurer. To wrap it up, our own Molly Smith highlighted exactly how including the right information upfront ensures your forms are processed as quickly and accurately as possible. Future training dates will be posted to the **www.maine.gov/wcb** website so stay tuned!

Best Practices

Font Size on Forms

We print everything! Please ensure text is sized appropriately to be visible during PRINTING. The printed copy is the file of record so all information must be legible on the printed form. If additional space is needed please append an additional page.

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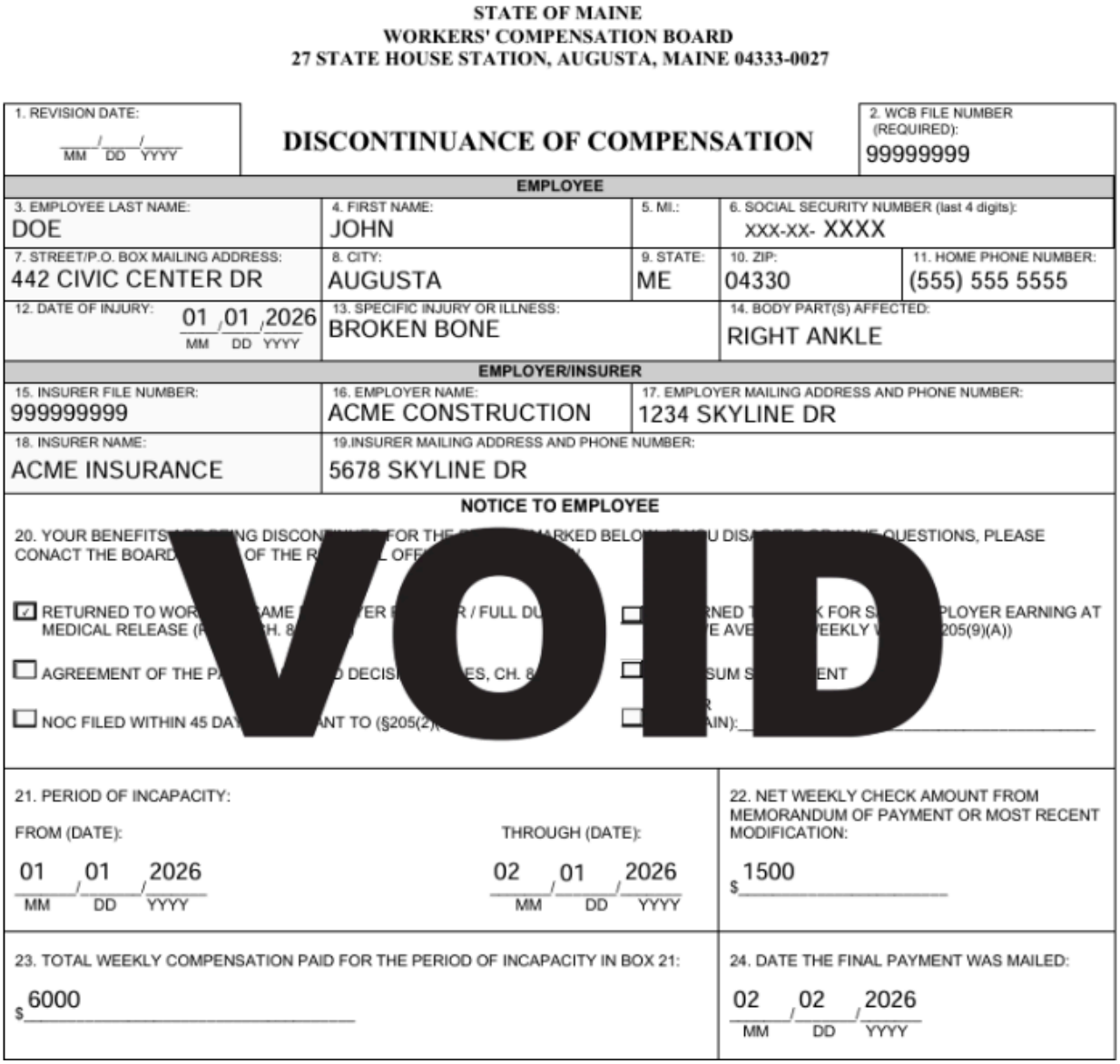
How To VOID a Form

When voiding a form, claims administrators should apply the word VOID in large font across the page, careful not to cover up the employee's name, Date of Injury or WCBN. Do not use colored front as WCB only prints in black and white. You can also type VOID in large font in the comments section.



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

1. REVISION DATE: MM / DD / YYYY	DISCONTINUANCE OF COMPENSATION	2. WCB FILE NUMBER (REQUIRED): 99999999

EMPLOYEE

3. EMPLOYEE LAST NAME:	4. FIRST NAME:	5. MI.:	6. SOCIAL SECURITY NUMBER (last 4 digits):
DOE	JOHN		XXX-XX- XXXX

7. STREET/P.O. BOX MAILING ADDRESS:	8. CITY:	9. STATE:	10. ZIP:	11. HOME PHONE NUMBER:
442 CIVIC CENTER DR	AUGUSTA	ME	04330	(555) 555 5555

12. DATE OF INJURY: MM / DD / YYYY	13. SPECIFIC INJURY OR ILLNESS:	14. BODY PART(S) AFFECTED:
01 / 01 / 2026	BROKEN BONE	RIGHT ANKLE

EMPLOYER/INSURER

15. INSURER FILE NUMBER:	16. EMPLOYER NAME:	17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:
999999999	ACME CONSTRUCTION	1234 SKYLINE DR

18. INSURER NAME:	19.INSURER MAILING ADDRESS AND PHONE NUMBER:
ACME INSURANCE	5678 SKYLINE DR

NOTICE TO EMPLOYEE

20. YOUR BENEFITS [illegible] FOR THE [illegible] MARKED BELOW [illegible] QUESTIONS, PLEASE CONACT THE BOARD [illegible] OF THE R [illegible]

VOID

☑ RETURNED TO WOR [illegible] / FULL DU

☐ [illegible] FOR S [illegible] PLOYER EARNING AT MEDICAL RELEASE ([illegible] 205(9)(A))

☐ AGREEMENT OF THE P [illegible] ENT

☐ NOC FILED WITHIN 45 DA [illegible]

21. PERIOD OF INCAPACITY: FROM (DATE): MM / DD / YYYY	THROUGH (DATE): MM / DD / YYYY	22. NET WEEKLY CHECK AMOUNT FROM MEMORANDUM OF PAYMENT OR MOST RECENT MODIFICATION:
01 / 01 / 2026	02 / 01 / 2026	$1500

23. TOTAL WEEKLY COMPENSATION PAID FOR THE PERIOD OF INCAPACITY IN BOX 21:	24. DATE THE FINAL PAYMENT WAS MAILED:
$6000	02 / 02 / 2026

Send topics for future newsletters to
Magy.Taylor@maine.gov