

State of Maine Workers' Compensation Board Independent Contractor Statement

Pursuant to 39-A M.R.S.A. § 105, I	,
	Name
	of ,
Business Name	City/Town
, state that I perform work a	as an independent contractor and/or construction subcontractor
I understand that filing this statement crecontractor and/or construction subcontra	eates a rebuttable presumption that I am an independent actor and that:
 contractor and/or construction sure. I can still file a claim with the W This statement is valid for one year. Board; This statement is not binding on accept this form as evidence an important of the contraction from this form will important on must be all printed information must be all printed. 	beerform work consistent with the definition of independent abcontractor in the Workers' Compensation Act; Yorkers' Compensation Board if I am injured; ear from the date it is received by the Workers' Compensation the Department of Labor. The Department of Labor will not ndividual is an independent contractor; be posted on the Workers' Compensation Board's website. legible or the form will not be accepted for filing. is statement must be sent to ICS.WCB@maine.gov .
Signature	Date
Printed Name	

THIS FORM IS ALSO AVAILABLE FOR ONLINE SUBMISSION AT: https://www.maine.gov/wcb/Departments/coverage/independentcontractor.html

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711.