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

1. REVISION DATE: MM dD YYYY STATEMENT OF COMPENSATION PAID 2. WCB FILE NUMBER (if known): 3. EMPLOYEE LAST NAME: 4. FIRST NAME: 5. M:: 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 ILLINESS: 14. BODY PARTS (S) AFFECTED: 14. NOUVPY EMPLOYER NAME: 17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER: 15. INSURER FILE NUMBER: 16. EMPLOYER NAME: 17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER: 18. INSURER NAME: 19.INSURER MAILING ADDRESS AND PHONE NUMBER: 17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER: 20. REASON FOR REPORT: INTERIM REPORT (ONGOING PAYMENTS OF ANY KIND) FINAL REPORT (NO FURTHER PAYMENTS ANTICIPATED) PAYMENT SUMMARY 21. LIST CUMULATIVE TOTALS (DO NOT INCLUDE ANY PENALTY AMOUNTS): MEDICAL TREATMENT S DEATH BENEFIT//FUNERAL EXPENSE (NOT TO EXCEED \$7.000.00) UEGAL EXPENSE (EMPLOYEE WEEKLY COMPENSATION ELCAL EXPENSE (EMPLOYEE RELATED) WEEKLY COMPENSATION ELCAL EXPENSE (EMPLOYER RELATED) ELCAL EXPENSE (EMPLOYER RELATED) PERMANENT IMPAIRMENT <br< th=""><th></th><th></th><th>, /.00001/., .</th><th></th><th></th><th></th></br<>			, /.00001/., .					
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TOTAL AMOUNT PAID (DO NOT REDUCE THESE TOTALS BY THE AMOUNT OF ANY RECOVERIES, INCLUDING DEDUCTIBLES)

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES									
AUGUSTA	BANGOR	c	ARIBOU	LEWISTON	PORTLAND				
442 CIVIC CTR DR, STE 225	106 HOGAN RD	ONE VAUGHN PL		36 MOLLISON WAY	1037 FOREST AVE, STE 11				
156 STATE HOUSE STATION	BANGOR, ME	43 HATCH DR, STE 110		LEWISTON, ME	PORTLAND, ME				
AUGUSTA, ME 04333-0156 (207) 287-	04401-5638	CARIBOU, ME 04736		04240-7777	04103				
2308	(207) 941-4550	(207) 498-6428		(207) 753-7700	(207) 822-0840				
1-800-400-6854	1-800-400-6856	1-800-400-6855		1-800-400-6857	1-800-400-6858				
22. TYPE OR PRINT PREPARER NAME (REQUIRED):		23. TELEPHONE	E NUMBER (REQUIRED):	24. DATE MAILED:					
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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: 1-888-801-9087 or TTY Maine Relay 711.

WCB-11 (eff. 1/1/1	3, rev.	9/1/20)
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