

**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):

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:	

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	\$	DEATH BENEFIT/FUNERAL EXPENSE (NOT TO EXCEED \$7,000.00)	\$
WEEKLY COMPENSATION	\$	LEGAL EXPENSE (EMPLOYEE RELATED)	\$
PERMANENT IMPAIRMENT (PRE 1993 ONLY)	\$	LEGAL EXPENSE (EMPLOYER RELATED)	\$
EMPLOYMENT REHABILITATION	\$	INTEREST AND OTHER PAYMENTS	\$
LUMP SUM SETTLEMENT	\$		
		<b>TOTAL AMOUNT PAID</b>	<b>\$</b>
<b>(DO NOT REDUCE THESE TOTALS BY THE AMOUNT OF ANY RECOVERIES, INCLUDING DEDUCTIBLES)</b>			

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES				
<b>AUGUSTA</b>	<b>BANGOR</b>	<b>CARIBOU</b>	<b>LEWISTON</b>	<b>PORTLAND</b>
442 CIVIC CTR DR, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	106 HOGAN RD BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	1037 FOREST AVE, STE 11 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858

22. TYPE OR PRINT PREPARER NAME (REQUIRED):	23. TELEPHONE NUMBER (REQUIRED):	24. DATE MAILED:
E-MAIL ADDRESS (REQUIRED):	TOLL-FREE NUMBER:	MM / DD / YYYY

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 (effective 9/1/2020)