

PETITION TO TERMINATE BENEFIT ENTITLEMENT

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

EMPLOYEE

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: XXX-XX-_____
(only last four digits required)
BOARD FILE NUMBER: _____

EMPLOYER

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____

INSURER

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____

NOTICE

If your benefit entitlement ends and you are experiencing extreme financial hardship due to inability to return to gainful employment, you may be eligible for an extension of your weekly benefits. To request such an extension, you must file a Petition for Extension of Benefits within 30 calendar days of the date of the decree granting this petition or, if an appeal is filed, within 30 calendar days after the appeal is final.

1. On _____, _____ sustained a work-related injury while working for _____.
2. Compensation of \$ _____ per week is being paid.
3. The employee has received the maximum number of weeks of benefits pursuant to §213. The employee's entitlement to benefits has ended/will end as of _____.

THEREFORE, the petitioner asks the board to terminate benefit entitlement pursuant to Title 39-A.

SIGNATURE OF PETITIONER

DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original petition to the Workers' Compensation Board at the above address by regular mail.
2. Mail one (1) copy **by certified mail, return receipt requested** to each other party named in the petition.
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

NAME OF PETITIONER'S ATTORNEY OR ADVOCATE (IF ANY)

STREET/P.O. BOX

CITY, STATE, ZIP

TELEPHONE NUMBER

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.

WCB-211 (eff. 9/1/18)