

DISCONTINUANCE OR MODIFICATION OF COMPENSATION PURSUANT TO 39-A M.R.S.A. §205(9)(A)

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

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	7. WCB FILE NUMBER:	
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:		
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:	

PLEASE COMPLETE EITHER THE SECTION FOR DISCONTINUANCE OR MODIFICATION, BUT NOT BOTH.

DISCONTINUANCE			
18. REASON FOR DISCONTINUANCE:			
<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER REGULAR/FULL DUTY MEDICAL RELEASE		<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER EARNING AT/ABOVE AVERAGE WEEKLY WAGE	
<input type="checkbox"/> BOARD DECISION		<input type="checkbox"/> OTHER (EXPLAIN) _____	
19. PERIOD OF INCAPACITY:	20. WEEKLY COMPENSATION RATE:	21. AMOUNT PAID:	22. DATE FINAL PAYMENT MAILED:
FROM (DATE): TO: (RETURN DATE):			
23. COMMENTS:			

MODIFICATION			
24. REASON FOR MODIFICATION:			
<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER MODIFIED WORK/DUTY		<input type="checkbox"/> COST OF LIVING ADJUSTMENT (PRE 1993 CLAIMS ONLY)	
<input type="checkbox"/> BOARD DECISION		<input type="checkbox"/> INCREASED/DECREASED EARNINGS WITH SAME EMPLOYER	
<input type="checkbox"/> MAX RATE INCREASE		<input type="checkbox"/> OTHER (EXPLAIN) _____	
25. OLD COMPENSATION RATE:	26. NEW COMPENSATION RATE:	27. EFFECTIVE DATE OF MODIFICATION:	
28. COMMENTS:			

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA 442 CIVIC CTR DR, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	BANGOR 106 HOGAN RD BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	CARIBOU ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	PORTLAND 1037 FOREST AVE, STE 11 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858
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29. PREPARER NAME (TYPE OR PRINT):	30. TELEPHONE NUMBER:	31. DATE MAILED:
E-MAIL ADDRESS:	() 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-4 (eff. 1/1/13, rev. 1/28/19)