

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

1. REVISION DATE:
 ____/____/____
 MM DD YYYY

2. WCB FILE NUMBER
(REQUIRED):

DISCONTINUANCE OF COMPENSATION

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 PART(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:			

NOTICE TO EMPLOYEE

20. YOUR BENEFITS ARE BEING DISCONTINUED FOR THE REASON MARKED BELOW. IF YOU DISAGREE OR HAVE QUESTIONS, PLEASE CONTACT THE BOARD AT ONE OF THE REGIONAL OFFICES LISTED BELOW.

<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER REGULAR / FULL DUTY MEDICAL RELEASE (RULES CH. 8, §11(2))	<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER EARNING AT / ABOVE AVERAGE WEEKLY WAGE (§205(9)(A))
<input type="checkbox"/> AGREEMENT OF THE PARTIES / BOARD DECISION (RULES, CH. 8 §12)	<input type="checkbox"/> LUMP SUM SETTLEMENT
<input type="checkbox"/> NOC FILED WITHIN 45 DAYS PURSUANT TO (§205(2)(2))	<input type="checkbox"/> OTHER (EXPLAIN): _____

21. PERIOD OF INCAPACITY: FROM (DATE): ____/____/____ MM DD YYYY	THROUGH (DATE): ____/____/____ MM DD YYYY	22. NET WEEKLY CHECK AMOUNT FROM MEMORANDUM OF PAYMENT OR MOST RECENT MODIFICATION: \$ _____
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23. TOTAL WEEKLY COMPENSATION PAID FOR THE PERIOD OF INCAPACITY IN BOX 21: \$ _____	24. DATE THE FINAL PAYMENT WAS MAILED: ____/____/____ MM DD YYYY
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25. 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
 396 GRIFFIN RD, STE 105
 BANGOR, ME
 04401-5638
 (207) 941-4550
 1-800-400-6856

CARIBOU
 658 MAIN STREET
 SUITE 1
 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
 56 NORTHPORT DR, STE 201
 PORTLAND, ME
 04103
 (207) 822-0840
 1-800-400-6858

26. PREPARER'S FULL NAME (REQUIRED):	27. TELEPHONE NUMBER (REQUIRED):	28. DATE SENT TO WCB:
E-MAIL ADDRESS (REQUIRED):	TOLL-FREE NUMBER:	____/____/____ MM DD YYYY