MODIFICATION OF COMPENSATION

1. REVISION DATE: _____/_____/_____ MM DD YYYY	**STATE OF MAINE** **WORKERS' COMPENSATION BOARD** **27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027**	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:	

INCREASE	DECREASE
20. WEEKLY CHECK INCREASED FOR:	21. WEEKLY CHECK DECREASED FOR:
☐ DECREASED EARNINGS WITH SAME EMPLOYER	☐ INCREASED EARNINGS WITH SAME EMPLOYER
☐ FRINGE BENEFITS	☐ FRINGE BENEFITS
☐ BOARD DECISION	☐ BOARD DECISION
☐ MAX RATE INCREASE	☐ RETURNED TO WORK FOR SAME EMPLOYER, MODIFIED WORK/DUTY
☐ COST OF LIVING ADJUSTMENT	☐ 3rd PARTY LIABILITY (§107)
☐ 3rd PARTY LIABILITY (§107)	☐ EARNINGS ((§213(1))
☐ EARNINGS ((§213(1))	☐ UNEMPLOYMENT COMPENSATION (§220)
☐ UNEMPLOYMENT COMPENSATION (§220)	☐ SOCIAL SECURITY RETIREMENT (§221(3)(A)(1))
☐ SOCIAL SECURITY RETIREMENT (§221(3)(A)(1))	☐ PAID TIME OFF (§221(3)(A)(2))
☐ PAID TIME OFF (§221(3)(A)(2))	☐ WAGE CONTINUATION PLAN (§221(3)(A)(2))
☐ WAGE CONTINUATION PLAN (§221(3)(A)(2))	☐ DISABILITY INSURANCE (§221(3)(A)(3))
☐ DISABILITY INSURANCE (§221(3)(A)(3))	☐ EMPLOYER FUNDED PENSION (§ 221(3)(A)(5))
☐ EMPLOYER FUNDED PENSION (§ 221(3)(A)(5))	☐ APPORTIONMENT (§ 354)
☐ APPORTIONMENT (§ 354)	☐ OTHER (EXPLAIN): ____________________
☐ OTHER (EXPLAIN): ____________________	

22. OLD COMPENSATION RATE:	23. NEW COMPENSATION RATE:	24. EFFECTIVE DATE OF MODIFICATION:

25. BENEFIT TYPE:	26. COMMENTS:
A. ☐ TOTAL (§212) B. ☐ PARTIAL (§213) C. ☐ FATAL (§215/§355 (14) (F))	

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

AUGUSTA	BANGOR	CARIBOU	LEWISTON	PORTLAND
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

27. PREPARER NAME (REQUIRED): E-MAIL ADDRESS (REQUIRED):	28. TELEPHONE NUMBER (REQUIRED): ( ) TOLL-FREE NUMBER: ( )	29. DATE MAILED: _____/_____/_____ 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.