

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

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

**NOTICE OF CONTROVERSY
THIS IS A DENIAL OF YOUR BENEFITS**

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. NOTICE TO EMPLOYEE

YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW. IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.

<p>21a. FULL DENIAL REASON</p> <p>FULL DENIAL EFFECTIVE DATE ____/____/____</p> <p>*NOTE: Reasons identified in boxes 21a or 21b will not preclude a party from raising additional issues at a later date.</p>	<p>21b. PARTIAL DENIAL REASON</p> <p>22a. DATE OF INITIAL INCAPACITY ____/____/____ CURRENT DATE OF INCAPACITY ____/____/____</p> <p>22b. DATE EMPLOYER NOTIFIED ____/____/____</p>
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23. COMMENTS:

24. ANY EMPLOYER OR INSURER THAT FAILS TO FILE A NOTICE OF CONTROVERSY IN A TIMELY FASHION AS REQUIRED BY 39-A M.R.S. § 205 (2) MAY BE OBLIGATED TO PAY PENALTIES AS REQUIRED BY THE WORKERS' COMPENSATION ACT AND RULES. QUESTIONS PERTAINING TO THIS OBLIGATION MAY BE DIRECTED TO A CLAIMS RESOLUTION SPECIALIST AT ONE OF THE REGIONAL OFFICES LISTED BELOW.

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

25. TYPE OR PRINT NAME (REQUIRED):	26. TELEPHONE # (REQUIRED):	27. DATE SENT TO WCB: ____/____/____
E-MAIL ADDRESS (REQUIRED):	TOLL FREE NUMBER:	28. DATE RCVD AT WCB (WCB use only): ____/____/____

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-9 (effective 9/1/2020)