

NOTICE OF CONTROVERSY THIS IS A DENIAL OF YOUR BENEFITS

1. REVISION DATE:

2. WCB FILE NUMBER (REQUIRED):

EMPLOYEE				
3. EMPLOYEE LAST NAME:	4. FIRST NAME:	5. MI.:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	
7. EMPLOYEE MAILING ADDRESS:	8. CITY:	9. STATE:	10. ZIP:	11. PHONE NUMBER:
12. DATE OF INJURY:	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:	

NOTICE TO EMPLOYEE

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

20a. FULL DENIAL REASON	20b. PARTIAL DENIAL REASON
FULL DENIAL EFFECTIVE DATE: *NOTE: Reasons identified in boxes 20a or 20b will not preclude a party from raising additional issues at a later date.	21a. DATE OF INITIAL INCAPACITY: CURRENT DATE OF INCAPACITY: 21b. DATE EMPLOYER NOTIFIED:

22. COMMENTS:

23. 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	396 GRIFFIN ROAD SUITE 105	658 MAIN STREET SUITE 1	36 MOLLISON WAY LEWISTON, ME	56 NORTHPORT DRIVE SUITE 201
AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	04240-7777 (207) 753-7700 1-800-400-6857	PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858

24. TYPE OR PRINT NAME (REQUIRED):	25. TELEPHONE NUMBER (REQUIRED):	26. DATE SENT TO WCB:
E-MAIL ADDRESS (REQUIRED):		27. DATE RCVD AT WCB (WCB use only):

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, revised 6/26/26)