

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

1. REVISION DATE: MM / DD / YYYY		DISCONTINUANCE OF COMPENSATION		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. 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.										
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER REGULAR / FULL DUTY MEDICAL RELEASE (RULES CH. 8, §11(2))</div><div><input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER EARNING AT / ABOVE AVERAGE WEEKLY WAGE (§205(9)(A))</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> AGREEMENT OF THE PARTIES / BOARD DECISION (RULES, CH. 8 §12)</div><div><input type="checkbox"/> LUMP SUM SETTLEMENT</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> NOC FILED WITHIN 45 DAYS PURSUANT TO (§205(2)(2))</div><div><input type="checkbox"/> OTHER (EXPLAIN): _____</div></div>										
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: \$ _____						
23. TOTAL WEEKLY COMPENSATION PAID FOR THE PERIOD OF INCAPACITY IN BOX 21: \$ _____				24. DATE THE FINAL PAYMENT WAS MAILED: MM / DD / YYYY						
25. COMMENTS:										
ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES:										
<table style="width: 100%; border: none;"><tr><td style="width: 20%; text-align: center;">AUGUSTA 442 CIVIC CTR DR, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854</td><td style="width: 20%; text-align: center;">BANGOR 396 GRIFFIN RD, STE 105 BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856</td><td style="width: 20%; text-align: center;">CARIBOU ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855</td><td style="width: 20%; text-align: center;">LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857</td><td style="width: 20%; text-align: center;">PORTLAND 56 NORTHPORT DR, STE 201 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858</td></tr></table>						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 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 56 NORTHPORT DR, STE 201 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858
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26. PREPARER'S FULL NAME (REQUIRED): E-MAIL ADDRESS (REQUIRED):		27. TELEPHONE NUMBER (REQUIRED): () TOLL-FREE NUMBER: ()		28. DATE SENT TO WCB: MM / DD / YYYY						