

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

1. REVISION DATE: MM / DD / YYYY		MODIFICATION OF COMPENSATION		2. WCB FILE NUMBER (REQUIRED):																																					
EMPLOYEE																																									
3. EMPLOYEE LAST NAME:		4. FIRST NAME:		5. MI.:																																					
7. STREET/P.O. BOX MAILING ADDRESS:		8. CITY:		6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-																																					
12. DATE OF INJURY: MM / DD / YYYY		13. SPECIFIC INJURY OR ILLNESS:		10. ZIP: 11. HOME PHONE NUMBER: ()																																					
				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 EMPLOYER/INSURER IS REQUIRED TO FILE THIS FORM UPON THE MODIFICATION OF YOUR WEEKLY COMPENSATION PAYMENTS. YOUR WEEKLY COMPENSATION PAYMENTS HAVE BEEN MODIFIED FOR THE FOLLOWING REASON(S):																																									
<table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> AGREEMENT OF THE PARTIES/BOARD DECISION (RULES CH.8, §12)</td><td>\$ _____</td><td><input type="checkbox"/> INCREASED EARNINGS WITH SAME EMPLOYER (§205(9)(A))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> ADJUSTED WAGE/RATE (RULES CH.1, §5(2)(C))</td><td>\$ _____</td><td><input type="checkbox"/> MAX RATE INCREASE (§211)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> APPORTIONMENT (§354)</td><td>\$ _____</td><td><input type="checkbox"/> PAID TIME OFF (§221(3)(A)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> CHANGE IN PAYMENT TYPE</td><td>\$ _____</td><td><input type="checkbox"/> RTW WITH SAME EMPLOYER, MODIFIED DUTY (§205(9)(A))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> COST OF LIVING ADJUSTMENT</td><td>\$ _____</td><td><input type="checkbox"/> SOCIAL SECURITY RETIREMENT (§221(3)(A)(1))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> DECREASED EARNINGS WITH SAME EMPLOYER (§205(9)(A))</td><td>\$ _____</td><td><input type="checkbox"/> THIRD PARTY LIABILITY (§107)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> DISABILITY INSURANCE (§221(3)(A)(2)-(3))</td><td>\$ _____</td><td><input type="checkbox"/> UNEMPLOYMENT COMPENSATION (§220)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> EMPLOYER FUNDED PENSION (§221(3)(A)(5))</td><td>\$ _____</td><td><input type="checkbox"/> WAGE CONTINUATION PLAN (§221(3)(A)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> FRINGE BENEFITS (§102(4)(H))</td><td>\$ _____</td><td><input type="checkbox"/> OTHER (EXPLAIN): _____</td><td>\$ _____</td></tr></table>						<input type="checkbox"/> AGREEMENT OF THE PARTIES/BOARD DECISION (RULES CH.8, §12)	\$ _____	<input type="checkbox"/> INCREASED EARNINGS WITH SAME EMPLOYER (§205(9)(A))	\$ _____	<input type="checkbox"/> ADJUSTED WAGE/RATE (RULES CH.1, §5(2)(C))	\$ _____	<input type="checkbox"/> MAX RATE INCREASE (§211)	\$ _____	<input type="checkbox"/> APPORTIONMENT (§354)	\$ _____	<input type="checkbox"/> PAID TIME OFF (§221(3)(A)(2))	\$ _____	<input type="checkbox"/> CHANGE IN PAYMENT TYPE	\$ _____	<input type="checkbox"/> RTW WITH SAME EMPLOYER, MODIFIED DUTY (§205(9)(A))	\$ _____	<input type="checkbox"/> COST OF LIVING ADJUSTMENT	\$ _____	<input type="checkbox"/> SOCIAL SECURITY RETIREMENT (§221(3)(A)(1))	\$ _____	<input type="checkbox"/> DECREASED EARNINGS WITH SAME EMPLOYER (§205(9)(A))	\$ _____	<input type="checkbox"/> THIRD PARTY LIABILITY (§107)	\$ _____	<input type="checkbox"/> DISABILITY INSURANCE (§221(3)(A)(2)-(3))	\$ _____	<input type="checkbox"/> UNEMPLOYMENT COMPENSATION (§220)	\$ _____	<input type="checkbox"/> EMPLOYER FUNDED PENSION (§221(3)(A)(5))	\$ _____	<input type="checkbox"/> WAGE CONTINUATION PLAN (§221(3)(A)(2))	\$ _____	<input type="checkbox"/> FRINGE BENEFITS (§102(4)(H))	\$ _____	<input type="checkbox"/> OTHER (EXPLAIN): _____	\$ _____
<input type="checkbox"/> AGREEMENT OF THE PARTIES/BOARD DECISION (RULES CH.8, §12)	\$ _____	<input type="checkbox"/> INCREASED EARNINGS WITH SAME EMPLOYER (§205(9)(A))	\$ _____																																						
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<input type="checkbox"/> FRINGE BENEFITS (§102(4)(H))	\$ _____	<input type="checkbox"/> OTHER (EXPLAIN): _____	\$ _____																																						
21. PAYMENT TYPE:			22. BENEFIT TYPE:																																						
<input type="checkbox"/> WEEKLY COMPENSATION			<input type="checkbox"/> TOTAL INCAPACITY (§212)																																						
<input type="checkbox"/> SPECIFIC LOSS _____ WEEKS			<input type="checkbox"/> PARTIAL INCAPACITY (§213)																																						
<input type="checkbox"/> SALARY CONTINUATION			<input type="checkbox"/> FATAL (§215/§355(14)(F))																																						
<input type="checkbox"/> OTHER (EXPLAIN): _____																																									
23. OLD WEEKLY CHECK AMOUNT:		24. NEW WEEKLY CHECK AMOUNT:		25. EFFECTIVE DATE OF MODIFICATION:																																					
<input type="checkbox"/> FIXED \$ _____		<input type="checkbox"/> FIXED \$ _____		MM / DD / YYYY																																					
<input type="checkbox"/> VARYING		<input type="checkbox"/> VARYING																																							
26. 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 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		PORTLAND 56 NORTHPORT DR, STE 201 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858																																							
27. PREPARER'S FULL NAME (REQUIRED): E-MAIL ADDRESS (REQUIRED):		28. TELEPHONE NUMBER (REQUIRED): () TOLL-FREE NUMBER: ()		29. DATE SENT TO WCB: MM / DD / YYYY																																					