

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

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

2. WCB FILE NUMBER (if known):

STATEMENT OF COMPENSATION PAID

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. REASON FOR REPORT:

INTERIM REPORT (ONGOING PAYMENTS OF ANY KIND)

FINAL REPORT (NO FURTHER PAYMENTS ANTICIPATED)

PAYMENT SUMMARY

21. LIST CUMULATIVE TOTALS (DO NOT INCLUDE PENALTY AMOUNTS):

MEDICAL TREATMENT	\$	DEATH BENEFIT/FUNERAL EXPENSE	\$
(NOT TO EXCEED \$7,000)			
WEEKLY COMPENSATION	\$	EMPLOYEE RELATED LEGAL EXPENSE	\$
PERMANENT IMPAIRMENT (PRE 1993 ONLY)	\$	EMPLOYER RELATED LEGAL EXPENSE	\$
EMPLOYMENT REHABILITATION	\$	INTEREST AND OTHER PAYMENTS	\$
LUMP SUM SETTLEMENT	\$		
TOTAL AMOUNT PAID			
(DO NOT REDUCE THESE TOTALS BY THE AMOUNT OF ANY RECOVERIES, INCLUDING DEDUCTIBLES.)			

COMMENTS:

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES:				
AUGUSTA 442 CIVIC CTR. DRIVE, 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
22. PREPARER'S FULL NAME (REQUIRED): E-MAIL ADDRESS (REQUIRED):	23. TELEPHONE NUMBER (REQUIRED): TOLL-FREE NUMBER: ()	24. DATE SENT TO WCB: ____ / ____ / ____ MM DD YYYY		