

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

1. REVISION DATE: MM / DD / YYYY		STATEMENT OF COMPENSATION PAID		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. REASON FOR REPORT: <input type="checkbox"/> INTERIM REPORT (ONGOING PAYMENTS OF ANY KIND) <input type="checkbox"/> 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	