| **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:  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 | | | |

The State of Maine provides equal opportunity in employment and programs. 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-11A Effective 04/01/2025