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

1. REVISION DATE:				Г	2. WCB FILE NUMBER	
	STATEMENT OF COMPENSAT				(if known):	
/	IAIEWENI	OF COMPENS	AHON	PAID	,	
MM DD YYYY EMPLOYEE						
3. EMPLOYEE LAST NAME:	4. FIRST NAME:	EWIFLOTEE	5. MI.:	6. SOCIAL SECU	JRITY 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:	13. SPECIFIC INJURY OR ILLNESS:			14 BODY PART	S (S) AFFECTED:	
12. DATE OF INSORT.	16. SI ZON IO MODICI CICIZZINZOS.			11. 3031174410 (0)74120123.		
MM DD YYYY						
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:					
io. moorier wille.	ONLINE TO THE POST CONTROL					
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	Φ.	DEATH BEN	EFIT/FUNE	RAL EXPENS	E ¢	
MEDICAL TREATMENT	\$	(NOT TO EXCEE			\$	
WEEKLY COMPENSATION	\$	EMPLOYEE	RELATED	LEGAL EXPE	NSE \$	
PERMANENT IMPAIRMENT	\$	EMPL OVER	DEL ATED	LEGAL EXPE	NSE \$	
(PRE 1993 ONLY)	Φ	EWIPLOTER	KELATED	LEGAL EXPE	NSE \$	
EMPLOYMENT REHABILITATION	\$	INTEREST A	ND OTHER	R PAYMENTS	\$	
LUMP SUM SETTLEMENT	\$					
TOTAL AMOUNT PAID						
(Do not reduce these totals by the amount of any \$ RECOVERIES, INCLUDING DEDUCTIBLES.)						
COMMENTS:		THEOGYETHEO, HYOEODHYO	<u> </u>	-0.7		
ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES:						
AUGUSTA	BANGOR	CARIBOU		LEWISTON	PORTLAND	
,	RIFFIN RD, STE 105 BANGOR, ME	ONE VAUGHN PL 43 HATCH DR, STE 110		MOLLISON WAY EWISTON, ME	56 NORTHPORT DR, STE 201 PORTLAND, ME	
AUGUSTA, ME 04333-0156	04401-5638 207) 941-4550	CARIBOU, ME 04736 (207) 498-6428		04240-7777 207) 753-7700	04103 (207) 822-0840	
	-800-400-6856	1-800-400-6855		800-400-6857	1-800-400-6858	
22. PREPARER'S FULL NAME (REQUIRE	D):	23. TELEPHONE NUMBI	ER (REQUIF	RED):	24. DATE SENT TO WCB:	
E-MAIL ADDRESS (REQUIRED):		TOLL-FREE NUMBER:			/	
					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