PETITION FOR EXTENSION OF BENEFITS DUE TO EXTREME FINANCIAL HARDSHIP PURSUANT TO 39-A M.R.S.A. §213(1)

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

EMPLOYEE

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: XXX-XX-_____
(only last four digits required)

BOARD FILE NUMBER: _____

EMPLOYER

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____

INSURER

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____

NOTICE

Within 15 days of the date that the employee's petition is filed, the employee must respond to the questions contained in Appendix I of 90 MAR 351 Ch. 2, and send those responses to the employer.

1. Compensation of $ _____ per week was being paid for partial incapacity.

2. Compensation benefits were discontinued as of _____ .
MONTH DAY YEAR

3. This case involves extreme financial hardship due to the employee's inability to return to gainful employment.

THEREFORE, the employee requests an expedited proceeding and asks that the board extend benefits pursuant to 39-A M.R.S.A. §213(1).

_____
SIGNATURE OF PETITIONER

DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original petition to the Workers' Compensation Board at the above address by regular mail.
2. Mail one (1) copy **by certified mail, return receipt requested** to each other party listed on the petition.
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

_____
NAME OF PETITIONER'S ATTORNEY OR ADVOCATE (IF ANY)

_____
STREET/P.O. BOX

_____
CITY, STATE, ZIP

_____
TELEPHONE NUMBER

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-213 (eff. 1/1/13)