

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

1. REVISION DATE:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM DD YYYY

2. WCB FILE NUMBER  
(REQUIRED):

**DISCONTINUANCE OF COMPENSATION**

**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 PART(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:	

**NOTICE TO EMPLOYEE**

20. YOUR BENEFITS ARE BEING DISCONTINUED FOR THE REASON MARKED BELOW. IF YOU DISAGREE OR HAVE QUESTIONS, PLEASE CONTACT THE BOARD AT ONE OF THE REGIONAL OFFICES LISTED BELOW.

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| <input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER REGULAR / FULL DUTY MEDICAL RELEASE (RULES CH. 8, §11(2)) | <input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER EARNING AT / ABOVE AVERAGE WEEKLY WAGE (§205(9)(A)) |
| <input type="checkbox"/> AGREEMENT OF THE PARTIES / BOARD DECISION (RULES, CH. 8 §12)                                 | <input type="checkbox"/> LUMP SUM SETTLEMENT  |
| <input type="checkbox"/> NOC FILED WITHIN 45 DAYS PURSUANT TO (§205(2)(2))  | <input type="checkbox"/> OTHER (EXPLAIN): _____   |

21. PERIOD OF INCAPACITY: FROM (DATE): ____/____/____ MM DD YYYY	THROUGH (DATE): ____/____/____ MM DD YYYY	22. NET WEEKLY CHECK AMOUNT FROM MEMORANDUM OF PAYMENT OR MOST RECENT MODIFICATION: \$ _____
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23. TOTAL WEEKLY COMPENSATION PAID FOR THE PERIOD OF INCAPACITY IN BOX 21: \$ _____	24. DATE THE FINAL PAYMENT WAS MAILED: ____/____/____ MM DD YYYY
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25. COMMENTS:

**ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES:**

<b>AUGUSTA</b> 442 CIVIC CTR DR, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	<b>BANGOR</b> 396 GRIFFIN RD, STE 105 BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	<b>CARIBOU</b> ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	<b>LEWISTON</b> 36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	<b>PORTLAND</b> 56 NORTHPORT DR, STE 201 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858
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26. PREPARER'S FULL NAME (REQUIRED):  E-MAIL ADDRESS (REQUIRED):	27. TELEPHONE NUMBER (REQUIRED):  TOLL-FREE NUMBER:	28. DATE SENT TO WCB:  ____/____/____ MM DD YYYY
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