

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

**CERTIFICATE OF DISCONTINUANCE OR REDUCTION OF  
COMPENSATION PURSUANT TO 39-A M.R.S.A. 205(9)(B)(1)**

1. REVISION DATE:  MM / DD / YYYY		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:	

**NOTICE TO EMPLOYEE**

YOUR WEEKLY COMPENSATION BENEFITS WILL BE DISCONTINUED OR REDUCED 21 DAYS FROM THE DATE THIS CERTIFICATE WAS MAILED BASED ON THE ATTACHED INFORMATION. IF YOU DISAGREE WITH THIS ACTION, YOU MAY FILE A PETITION FOR REVIEW AND REQUEST REINSTATEMENT OF YOUR BENEFITS PENDING HEARING, UNDER 39-A M.R.S.A. §205(9)(C). YOUR PETITION AND REQUEST (ON FORM WCB-121) MUST BE MAILED TO THE WORKERS' COMPENSATION BOARD ADDRESS ABOVE.

20. REASON FOR DISCONTINUANCE OR REDUCTION (MUST ATTACH SUPPORTING DOCUMENTATION):

**DISCONTINUANCE**

21. PERIOD OF INCAPACITY:  FROM (DATE):    THROUGH (DAY BEFORE EFFECTIVE DATE OF DISCONTINUANCE):	22. WEEKLY COMPENSATION RATE:	23. COMPENSATION PAID TO DATE OF CERTIFICATE:	24. COMPENSATION TO BE PAID FOR 21 DAY PERIOD:
---------------------------------------------------------------------------------------------------------------------	-------------------------------	-----------------------------------------------	------------------------------------------------

**REDUCTION**

25. OLD COMPENSATION RATE:	26. NEW COMPENSATION RATE:	27. EFFECTIVE DATE OF REDUCTION:
----------------------------	----------------------------	----------------------------------

**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
--------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

28. TYPE OR PRINT PREPARER NAME (REQUIRED):    E-MAIL ADDRESS (REQUIRED):	29. TELEPHONE NUMBER (REQUIRED):    TOLL-FREE NUMBER:	30. DATE MAILED (MUST MATCH POSTMARK):    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.