

**DISCONTINUANCE OR  
MODIFICATION OF COMPENSATION  
PURSUANT TO 39-A M.R.S.A. §205(9)(A)**

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

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-		7. WCB FILE NUMBER:	
2. EMPLOYER NAME:		8. EMPLOYEE LAST NAME:		9. FIRST NAME:	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

**PLEASE COMPLETE EITHER THE SECTION FOR DISCONTINUANCE OR MODIFICATION, BUT NOT BOTH.**

<b>DISCONTINUANCE</b>			
18. REASON FOR DISCONTINUANCE:			
<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER REGULAR/FULL DUTY MEDICAL RELEASE		<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER EARNING AT/ABOVE AVERAGE WEEKLY WAGE	
<input type="checkbox"/> BOARD DECISION		<input type="checkbox"/> OTHER (EXPLAIN) _____	
19. PERIOD OF INCAPACITY:	20. WEEKLY COMPENSATION RATE:	21. AMOUNT PAID:	22. DATE FINAL PAYMENT MAILED:
FROM (DATE):	TO: (RETURN DATE):		
23. COMMENTS:			

<b>MODIFICATION</b>			
24. REASON FOR MODIFICATION:			
<input type="checkbox"/> RETURNED TO WORK FOR SAME EMPLOYER MODIFIED WORK/DUTY	<input type="checkbox"/> COST OF LIVING ADJUSTMENT (PRE 1993 CLAIMS ONLY)	<input type="checkbox"/> INCREASED/DECREASED EARNINGS WITH SAME EMPLOYER	
<input type="checkbox"/> BOARD DECISION	<input type="checkbox"/> MAX RATE INCREASE	<input type="checkbox"/> OTHER (EXPLAIN) _____	
25. OLD COMPENSATION RATE:	26. NEW COMPENSATION RATE:	27. EFFECTIVE DATE OF MODIFICATION:	
28. COMMENTS:			

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

<b>AUGUSTA</b> 24 STONE ST, STE 102 AUGUSTA, ME 04330-5220 (207) 287-2308 1-800-400-6854	<b>BANGOR</b> 106 HOGAN RD 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> 1037 FOREST AVE, STE 11 PORTLAND, ME 04103-3382 (207) 822-0840 1-800-400-6858
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29. PREPARER NAME (TYPE OR PRINT):	30. TELEPHONE NUMBER:	31. DATE MAILED:
E-MAIL ADDRESS:	( <del>XXXXXXXXXX</del> TOLL-FREE NUMBER: ( <del>XXXXXXXXXX</del>	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-4 (eff. 1/1/13)