NOTICE OF CONTROVERSY

THIS IS A DENIAL OF YOUR BENEFITS

1. WCB FILE # (if known):

EMPLOYEE

2. EMPLOYEE LAST NAME:	3. FIRST NAME:	4. MI:	5. EMPLOYEE ID: TYPE: #:	
6. STREET/P.O. BOX MAILING ADDRESS:	7. CITY:	8. STATE:	9. ZIP:	10. HOME PHONE #: ( )
11. DATE OF INJURY: _____/_____/_____	12. SPECIFIC INJURY OR ILLNESS:		13. BODY PART(S) AFFECTED:	

EMPLOYER

14. INSURER/CLAIM ADMIN FILE #:	15. EMPLOYER NAME:	16. EMPLOYER MAILING ADDRESS AND PHONE #:
17. INSURER/CLAIM ADMIN NAME AND ADDRESS:		18. INSURER/CLAIM ADMIN FEIN:

19.

NOTICE TO EMPLOYEE

YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW. IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.

19a.

FULL DENIAL REASON

FULL DENIAL EFFECTIVE DATE _____/_____/_____

*NOTE: Reasons identified in boxes 19a or 19b will not preclude a party from raising additional issues at a later date.

19b.

PARTIAL DENIAL REASON

20a.

DATE OF INITIAL INCAPACITY ____/____/____

CURRENT DTE OF INCAPACITY ____/_____/_____

20b.

DATE EMPLOYER NOTIFIED _____/_____/_____

21. COMMENTS:

22. If the employer fails to comply with the provisions of Rule 1.1, the employee must be paid total benefits, with credit for earnings and other statutory offsets, from the date the claim is made in accordance with 39-A M.R.S. § 205(2) and in compliance with 39-A M.R.S. § 204. The employer may discontinue benefits under this subsection when both of the following requirements are met: A. The employer files a Notice of Controversy; and B. The employer pays benefits from the date the claim is made. Payment under Rule 1.1 requires filing of a Memorandum of Payment.

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

AUGUSTA	BANGOR	CARIBOU	LEWISTON	PORTLAND
442 CIVIC CTR DR, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	106 HOGAN RD BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	1037 FOREST AVE, STE 11 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858

23. NAME (TYPE OR PRINT): E-MAIL ADDRESS:	24. TELEPHONE #: ( )	25. DATE SENT TO WCB: _____/_____/_____ 26. DATE RCVD AT THE WCB (WCB use only): _____/_____/_____

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-9 (eff. 1/1/13, rev. 1/28/19)