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| 1. REVISION DATE: | MEMORANDUM OF ONE-TIME PAYMENT | 2. WCB FILE NUMBER (REQUIRED): |
|-------------------|---------------------------------------|--------------------------------|

| EMPLOYEE | | | | |
|------------------------------|---------------------------------|-----------|---|-------------------|
| 3. EMPLOYEE LAST NAME: | 4. FIRST NAME: | 5. MI.: | 6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX- | |
| 7. EMPLOYEE MAILING ADDRESS: | 8. CITY: | 9. STATE: | 10. ZIP: | 11. PHONE NUMBER: |
| 12. DATE OF INJURY: | 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

For assistance with your claim, visit: <https://www.maine.gov/wcb/Departments/crs/regionaloffices.html> or call 888-801-9087.

20. PAYMENT IS MADE FOR THE FOLLOWING REASON (CHOOSE ONE):

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| Administrative Law Judge (ALJ) decree (closed-end period) Consent Decree (closed-end period) Death No Dependents (payment to the State) Disfigurement (Pre-1993 claims only) Body Part: Mandatory Payment Per Rule 1.1 Mediation Agreement (closed-end period) Occupational Loss of Hearing Permanent Impairment (pre-1993 claims only) Body Part: | Date of Decree Date Signed By ALJ: Date of Death: Weeks: Date NOC Filed: Date of Mediation: Weeks: Weeks: |
|---|--|

| | PAYMENT FROM | PAYMENT THROUGH | BENEFIT TYPE | WEEKLY NET AMOUNT | AMOUNT PAID |
|---|--------------|-----------------|--|-----------------------------------|-------------|
| 1 | | | TOTAL INCAPACITY (§212) PARTIAL INCAPACITY (§213) FATAL (§215/§355 (14) (F)) | FIXED RATE \$ VARYING RATE | \$ |
| 2 | | | TOTAL INCAPACITY (§212) PARTIAL INCAPACITY (§213) FATAL (§215/§355 (14) (F)) | FIXED RATE \$ VARYING RATE | \$ |
| 3 | | | TOTAL INCAPACITY (§212) PARTIAL INCAPACITY (§213) FATAL (§215/§355 (14) (F)) | FIXED RATE \$ VARYING RATE | \$ |
| 4 | | | TOTAL INCAPACITY (§212) PARTIAL INCAPACITY (§213) FATAL (§215/§355 (14) (F)) | FIXED RATE \$ VARYING RATE | \$ |
| 5 | | | TOTAL INCAPACITY (§212) PARTIAL INCAPACITY (§213) FATAL (§215/§355 (14) (F)) | FIXED RATE \$ VARYING RATE | \$ |

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|--------------------------|----------------------|
| 21. Total Amount Paid \$ | 22. Date of Payment: |
|--------------------------|----------------------|

Terms/Comments:

| | | |
|--------------------------------------|----------------------------------|-----------------------|
| 23. PREPARER'S FULL NAME (REQUIRED): | 24. TELEPHONE NUMBER (REQUIRED): | 25. DATE SENT TO WCB: |
| E-MAIL ADDRESS (REQUIRED): | TOLL-FREE NUMBER: | WCB USE ONLY: |