

1. REVISION DATE:		MODIFICATION OF COMPENSATION		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 (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					
Your workers' compensation weekly compensation payments have been modified.					
For assistance with your claim, visit: https://www.maine.gov/wcb/Departments/crs/regionaloffices.html or call 888-801-9087.					
20. Reasons for Modification (check all that apply):					
Adjusted Wage/Rate (Rules Ch.1, §5(2)(C))		\$	Increased Earnings Same ER (§205(9)(A))		\$
Agreement/Board Decision (Rules Ch.8, §12)		\$	Max Rate Increase (§211)		\$
Apportionment (§354)		\$	Paid Time Off (§221(3)(A)(2))		\$
Change in Benefit Type			RTW Same ER, Modified Duty (§205(9)(A))		\$
Change in Payment Type		\$	Social Security Retirement (§221(3)(A)(1))		\$
Cost of Living Adjustment		\$	Third Party Liability (§107)		\$
Decreased Earnings Same ER (§205(9)(A))		\$	Unemployment Compensation (§220)		\$
Disability Insurance (§221(3)(A)(2)-(3))		\$	Wage Continuation Plan (§221(3)(A)(2))		\$
Employer Funded Pension (§221(3)(A)(5))		\$	Other (Explain):		\$
Fringe Benefits (§102(4)(H))		\$	Other (Explain):		\$
21. Payment Type:					
Weekly Compensation					
Specific Loss		Body Part(s):		Weeks:	
Salary Continuation (ER paying at/above AWW; insurer not paying any benefits at this time)					
Other (Explain):					
22. Benefit type as of Effective Date:		23. Old Weekly Net Amount:		24. New Weekly Net Amount:	25. Effective Date of Modification:
Total Incapacity (§212)		Fixed \$		Fixed* \$	
Partial Incapacity (§213)				*Salary Continuation amount or rate minus offsets, if any	
Fatal (§215/§355(14)(F))		Varying		Varying	
Comments:					
26. PREPARER'S FULL NAME (REQUIRED):		27. TELEPHONE NUMBER (REQUIRED):		28. DATE SENT TO WCB:	
E-MAIL ADDRESS (REQUIRED):		TOLL-FREE NUMBER:		WCB USE ONLY:	