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

1. REVISION DATE:		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 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 must be on form WCB-121 and mailed to:

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

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

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

DISCONTINUANCE

21. PERIOD OF INCAPACITY FROM DATE: THROUGH DATE:		22. WEEKLY NET AMOUNT FROM MEMORANDUM OF PAYMENT OR MOST RECENT MODIFICATION: $
23. EFFECTIVE DATE OF DISCONTINUANCE:	24. COMPENSATION PAID TO DATE OF CERTIFICATE: $	25. COMPENSATION TO BE PAID FOR 21 DAY PERIOD: $

REDUCTION

26. OLD WEEKLY NET AMOUNT:	27. NEW WEEKLY NET AMOUNT:	28. EFFECTIVE DATE OF REDUCTION:
☐ FIXED $	☐ FIXED $	
☐ VARYING	☐ VARYING	

PREPARER

29. TYPE OR PRINT PREPARER NAME (REQUIRED):	30. TELEPHONE NUMBER (REQUIRED):	31. DATE MAILED VIA CERTIFIED MAIL:
E-MAIL ADDRESS (REQUIRED):	TOLL-FREE NUMBER:	WCB USE ONLY:

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.