

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

**CONSENT BETWEEN EMPLOYER AND EMPLOYEE**

1. REVISION DATE: _____ MM / DD / YYYY	2. WCB FILE NUMBER (if known):
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EMPLOYEE				
3. EMPLOYEE LAST NAME:	4. FIRST NAME:	5. MI.:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	
7. STREET/P.O. BOX MAILING ADDRESS:	8. CITY:	9. STATE:	10. ZIP:	11. HOME PHONE NUMBER: (        )
12. DATE OF INJURY: /      / MM DD YYYY	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:	

20. TERMS OF CONSENT:			
20A. DATE OF INCAPACITY:	20B. AVERAGE WEEKLY WAGE:	20C. CURRENT WEEKLY COMPENSATION RATE: TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/>	20D. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, GIVE NAME(S): YES <input type="checkbox"/> NO <input type="checkbox"/>
20E. NEW COMPENSATION RATE:	20F. EFFECTIVE DATE OF REDUCTION:	20G. EFFECTIVE DATE OF DISCONTINUANCE:	20H. AMOUNT PAID:

NOTICE TO EMPLOYEE (Please read and initial)
21. BEFORE YOU SIGN THIS FORM, YOU SHALL CALL THE WORKERS' COMPENSATION BOARD'S OFFICES TO FIND OUT WHAT RIGHTS YOU HAVE IF YOU SIGN THIS FORM. A LIST OF THE BOARD'S REGIONAL OFFICES IS SHOWN AT THE BOTTOM OF THIS PAGE.
EMPLOYEE INITIALS: _____

NOTICE TO EMPLOYER
THIS FORM SHALL NOT BE USED FOR CASES WHEN AN ORDER, AWARD OF COMPENSATION OR A COMPENSATION SCHEME WAS ENTERED UNDER SECTION 205 (9)(B)(2).

CONSENT						
22. WE AGREE TO THE TERMS LISTED IN BOX 20 ABOVE. WE UNDERSTAND THAT THIS IS NOT A FINAL SETTLEMENT. SIGNING THIS CONSENT FORM CREATES A PAYMENT WITHOUT PREJUDICE, DOES NOT CREATE A PAYMENT SCHEME, AND DOES NOT PREVENT EITHER PARTY FROM REOPENING THE CLAIM WITHIN CERTAIN TIME LIMITS. THIS FORM MUST BE SIGNED BY THE EMPLOYEE, EMPLOYEE'S ATTORNEY OR WORKER ADVOCATE IF ANY, AND THE EMPLOYER/INSURER OR BY A DULY AUTHORIZED REPRESENTATIVE.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">EMPLOYEE SIGNATURE</td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">EMPLOYEE'S AUTHORIZED REPRESENTATIVE SIGNATURE (IF APPLICABLE)</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">EMPLOYER/INSURER OR AUTHORIZED REPRESENTATIVE SIGNATURE</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">DATE</td> </tr> </table>	EMPLOYEE SIGNATURE	DATE	EMPLOYEE'S AUTHORIZED REPRESENTATIVE SIGNATURE (IF APPLICABLE)	DATE	EMPLOYER/INSURER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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EMPLOYER/INSURER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE					

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES				
<b>AUGUSTA</b>	<b>BANGOR</b>	<b>CARIBOU</b>	<b>LEWISTON</b>	<b>PORTLAND</b>
442 CIVIC CTR DR, STE 225	396 GRIFFIN RD, STE105	ONE VAUGHN PL	36 MOLLISON WAY	56 NORTHPORT DR, STE 201
156 STATE HOUSE STATION	BANGOR, ME	43 HATCH DR, STE 110	LEWISTON, ME	PORTLAND, ME
AUGUSTA, ME 04333-0156 (207) 287-2308	04401-5638	CARIBOU, ME 04736	04240-7777	04103
1-800-400-6854	(207) 941-4550	(207) 498-6428	(207) 753-7700	(207) 822-0840
	1-800-400-6856	1-800-400-6855	1-800-400-6857	1-800-400-6858

23. PREPARER NAME AND TITLE (TYPE OR PRINT):	24. TELEPHONE NUMBER:	25. DATE MAILED:
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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-4A (eff. 9/1/20, rev. 12/4/2023)