

## **MAINE WORK INJURY REPORTING PROCEDURES**

This Claim Kit is provided for your use in reporting all employee job related injuries. Copy the forms as needed.

### **Employer's First Report of Injury (FROI)**

This form, numbered WCB-1 (1/02), must be completed at the time of the injury and/or immediately upon the employer's knowledge of the injury. The original form should be immediately mailed, faxed or e-mailed to us. Maintain a copy for your records. Keep a separate file for each workers' compensation claim (do not maintain with other personnel records).

### **Supervisor's Report**

The supervisor should fill out this form as soon as the accident is reported. The original should be submitted with the First Report of Injury. Maintain a copy for your records. If you utilize another version of a Supervisor's Report, it may be substituted for this form but please send it to us with the First Report of Injury.

### **Wage Statement**

A Wage Statement Form, WCB-2 (6/11), must be completed on any case where it is anticipated that the injured employee might lose work beyond the waiting period of more than five (5) days. Gross earning for the 12 weeks prior to the injury are required, in addition to the other information requested on the Wage Verification form. This form is required to calculate the Average Weekly Wage. We may inquire about wages for a similar employee of the same class and grade. Remember computation of wages may include, in addition to salary, hourly pay or tips, the reasonable value of food, housing and other benefits furnished by the employer without charge to the employee if they constitute a financial benefit to the employee and are capable of monetary calculation. If there are weeks with no wages, please explain the reason by coding as follows:  
V= Vacation   I= Illness   L= Lay off   P= Personal leave   O= Other  
If you have any questions, feel free to contact the claim department to assist you.

### **Work Status**

You must immediately notify Great Divide Insurance Company if an employee begins to lose time from work. Equally important, you must immediately notify us of the date the employee is scheduled to return to any type work (full duty, modified duty, light duty).

### **Mandatory Poster**

The Division of Workers' Compensation poster must be displayed in your personnel office (if there is one) and in prominent places where employees will see it.

**EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE**

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

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER (LAST 4 DIGITS): <b>XXX -XX-</b>		7. WCB FILE NUMBER:	
2. EMPLOYER NAME:		8. EMPLOYEE LAST NAME:		9. FIRST NAME:	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		
18. DOES EMPLOYEE WORK CONCURRENTLY FOR ANOTHER EMPLOYER? IF YES, GIVE NAME(S): _____ NOTE: THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FOR EACH ADDITIONAL EMPLOYER.		YES  NO	19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? NOTE: THE EMPLOYER SHALL RECALCULATE THE AVERAGE WEEKLY WAGE IF/WHEN FRINGE BENEFITS CEASE (SEE RULE 1.5(2))		YES  NO



# WORKERS' COMPENSATION

## WORKERS' COMPENSATION BOARD REGIONAL OFFICES

### AUGUSTA

442 Civic Center Drive, Suite 225  
156 State House Station  
Augusta, ME 04333-0156  
207-287-2308  
1-800-400-6854

### LEWISTON

36 Mollison Way  
Lewiston, ME 04240-5811  
207-753-7700  
1-800-400-6857

### BANGOR

106 Hogan Road, Suite 1  
Bangor, ME 04401  
207-941-4550  
1-800-400-6856

### PORTLAND

1037 Forest Avenue, Suite 11  
Portland, ME 04103  
207-822-0840  
1-800-400-6858

### CARIBOU

43 Hatch Drive, Suite 110  
Caribou, ME 04736-2347  
207-498-6428  
1-800-400-6855

Visit our website at:  
[www.maine.gov/wcb](http://www.maine.gov/wcb)  
Statewide TTY: 711

## Notice to Employees:

State law requires your employer to provide workers' compensation insurance for its employees. Workers' compensation insurance provides benefits to employees who are injured at work.

If you are injured at work, NOTIFY YOUR EMPLOYER AT ONCE. You may lose your right to receive benefits unless your employer is notified within 60 days of your injury. Your claim is also subject to a two year statute of limitations. Worker advocates are available at the Workers' Compensation Board to help injured workers.

It is against the law for employers to misclassify employees as independent contractors for the purposes of avoiding workers' compensation insurance, unemployment coverage, or other employer paid taxes and withholdings. For more information on laws pertaining to the hiring of independent contractors, visit the Worker Misclassification Task Force website at [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

If you have any questions about your rights, please contact one of the regional offices.

## A l'intention des Employes:

D'après les lois de l'Etat du Maine, votre employeur est tenu de souscrire à une assurance indemnisant ses employés victimes d'un accident du travail.

Si vous êtes victime d'un accident du travail, PREVEENEZ VOTRE EMPLOYEUR IMMEDIATEMENT. Passé un délai de 60 jours, vous risquez de perdre vos droits à l'indemnisation. Au-delà de deux ans, votre déclaration n'est plus recevable. Pour aider les victimes d'un accident du travail, le Workers' Compensation Board met des conseillers juridiques à leur disposition.

La loi interdit aux employeurs de classer fallacieusement leurs salariés comme étant des contractants privés aux fins d'échapper à l'assurance compensatrice-employé, aux

indemnités de chômage, ou aux autres charges et retenues dues par employeur. Pour plus de détails sur la législation relative à l'utilisation des services privés, visitez le site internet de Worker Misclassification Task Force (Unité anti-fraude en matière de classification des salariés) : [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

Si vous n'êtes pas sûr de vos droits, veuillez contacter l'un des bureaux régionaux.

## Aviso a los Trabajadores:

La ley del estado de Maine requiere que su empresario proporcione el seguro de compensaciones para el trabajador a todos los trabajadores. El seguro de compensaciones para el trabajador proporciona beneficios a los trabajadores accidentados en el trabajo.

En caso de sufrir accidente o daño laboral, NOTIFIQUELO INMEDIATAMENTE A SU EMPRESARIO. Podría perder el derecho a recibir compensación a menos que su empresario sea notificado de este accidente o daño en el plazo de 60 días. Así mismo esta reclamación debe hacer referencia a un accidente o daño que no haya ocurrido hace más de dos años. Los defensores del trabajador están disponibles para proporcionar ayuda a los trabajadores accidentados en el Consejo de Administración de Compensaciones para el Trabajador (Workers' Compensation Board).

El hecho de no clasificar a los empleados como contratistas independientes, con el propósito de evitar el seguro por compensación al trabajador, cobertura para desempleados, u otros impuestos pagados y retenidos por el empleador; está en contra de la ley del empleador. Para mayor información acerca de las leyes pertinentes a la contratación de contratistas independientes, visite el Worker Misclassification Task Force en la página web de [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

En caso de tener cualquier pregunta sobre sus derechos, favor de dirigirse a una de las oficinas regionales de compensaciones para el trabajador.

ENGLISH	Interpreters Available When calling for assistance, please say the name of your language in English and an interpreter will be called for you. Please stay on the line.
SPANISH	Tenemos intérpretes a su disposición Si necesita que le atiendan en español por favor diga "Spanish" y le conectaremos con un intérprete. Por favor manténgase en la línea.
PORTUGUESE	Temos intérpretes à sua disposição Se precisar de atendimento em Português, por favor diga "Portuguese" e um intérprete será prontamente chamado. Por favor, aguarde na linha.
ITALIAN	Abbiamo interpreti disponibili Se avete bisogno di assistenza in Italiano, Vi preghiamo di dire "Italian" e un interprete sarà messo a Vostra disposizione. Vi preghiamo di rimanere in linea.
FRENCH	Des interprètes sont à votre disposition Lorsque vous appelez pour demander de l'aide, prononcez le mot "French" et nous mettrons un interprète à votre disposition. Prière de rester en ligne.

POLISH	Thumacze dostępne na życzenie. Aby uzyskać pomoc tłumacza, proszę powiedzieć po angielsku "Polish" i czekać na linię.
RUSSIAN	"К вашим услугам имеются переводчики" "Когда Вы обращаетесь за помощью по телефону, пожалуйста скажите, что Вы говорите по-русски (произнесите "РАШН"), и мы обеспечим Вас переводчиком. После этого, пожалуйста, оставайтесь на линии."
CHINESE	提供口譯服務 打電話請求幫助時，請用英語說“換音呢斯”(CHINESE)——我們將為您提供口譯人員。請不要挂斷電話。
JAPANESE	通訳サービスをご利用いただけます 通訳を必要とされる場合は「ジャパニーズ」とおっしゃり、通訳ができるまでそのままお待ちください。
KOREAN	한국어 통역을 이용하실 수 있습니다. 도움이 필요하여 전화를 걸실 때 영어로 크리언 (KOREAN)이라고 말씀하시면 통역자를 연결해 드릴 것입니다. 전화를 끊지 마시고 기다리십시오.

VIETNAMESE	"Cố Thông Dịch Viên" "Khi gọi điện thoại để được giúp đỡ, xin quý vị hãy nói "VIETNAMESE" để chúng tôi cho thông dịch viên giúp quý vị. Xin quý vị chờ trên đường dây."
ARABIC	مترجمون شهيون مقيضون لخدمتكم عند انصاحتكم للمساعدة او لطلب خدمة معينة ترجمو منكم ان ذكركوا (ا-ر-ب-ك-ونحن سنقدم لكم مترجما شفهيًا . ابقوا على الخط من فضلكم.
PERSIAN	افراد مترجم در دسترس مي باشند. را که بدان صحبت مي کنيد به انگليسي ذکر کنيد تا راجع به امري به ما تلفن مي کنيد، لطفاً نام زباني قطع نکنيد . هنگاميكه براي درخواست کمک يا شما تماس گرفته شود، لطفاً روي خط منتظر بمانيد. با يك مترجم براي
SOMALI	Turjunaano waa la helayaa Marka aad caawinaad inoogu soo yeeraneysid, fadhlan luqadaada af Ingiriisi inoogu sheeg turjubaan aya luuguu yeeri doonaaya. Taleefoonkana ha dhigin.

**To the employer:** This notice must be posted in a conspicuous place upon your premises accessible to employees. 39-A MRSA §406. The State of Maine does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services or activities. This poster is available in alternative format. For further assistance, contact the Maine Workers' Compensation Board, ADA Coordinator, telephone: (888) 801-9087 or TTY: 711.