FORM 108

The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 108
1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017
Info. Line 800-323-3249 ext. 7470 in Mass. Outside Mass. - 617-727-4900 ext. 7470
http://www.mass.gov/dia

DIA Board #
(If Known):

INSURER'S COMPLAINT FOR MODIFICATION, DISCONTINUANCE OR RECOUPMENT OF COMPENSATION

CHECK ONE BOX: ☐ ***MODIFICATION*** ☐ ***DISCONTINUANCE*** ☐ ***RECOUPMENT***

INSURER MUST SEND A COPY OF THIS NOTICE TO THE EMPLOYEE AND THE EMPLOYEE'S REPRESENTATIVE

INSURER

1. Insurance Carrier's Name and Address:

2. Self-insured?: ☐ Yes ☐ No
If Yes Please Give Self-insurer Number:

3. Name & Address of Insurer's Attorney:

4. Telephone Number of Insurer's Attorney:

5. Claim Representative's Name:

6. Claim Representative's Tel. Number & Ext.:

7. Insurer's Case File Number:

8. Did Insurer Receive First Report of Injury (Form 101);
☐ Yes ☐ No - If Yes - Date Received (mm/dd/yyyy):

EMPLOYEE

9. Employee's Name (Last, First, MI):

10. Employee's Social Security Number*:

11. Employee's Address (No. and Street, City, State, Zip Code):

12. Date of Birth (mm/dd/yyyy):

13. Date of Injury (mm/dd/yyyy):

14. First Day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):

15. Name, Address & Telephone Number of Employee's Attorney:

Tel. Number -

16. Employer's Name & Address (No. and Street, City, State, Zip Code):

GROUNDS

17. This is the Insurer's Request to MODIFY Weekly Compensation ☐ Attach Proper Documents Under 452 CMR 1.07(I)

This is the Insurer's Request to DISCONTINUE Weekly Compensation ☐ Attach Proper Documents Under 452 CMR 1.07(J)

This is the Insurer's Request to RECOUP Weekly Compensation ☐ Attach Proper Documents Under 452 CMR 1.07(K)

18. Give Specific Basis for Complaint (continue on reverse side if necessary):

19. Insurer's Signature :

20. Date Prepared (mm/dd/yyyy):

***Disclosure of Social Security Number is Voluntary. It will aid in the processing of documents.**
Please Print Clearly or Type. Unreadable forms will be returned.

Explanation of Box 18 continued: