CMS LEGAL DOCUMENTATION

The following information is necessary for us to submit your employee's legal information to CMS so they can compare it to their database and determine present and future eligibility. It is imperative that you indicate your employee's legal information to ensure governmental compliance and it is equally important to print clearly.

Legal Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Legal First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Middle Initial:** ☐

Date of Birth: ☐☐ **/** ☐☐ **/** ☐☐☐☐ **Social Security Number:** ☐☐☐ **-** ☐☐ **-** ☐☐☐☐

Gender (check one): ☐ Male ☐ Female **Date of Injury:** ☐☐ **/** ☐☐ **/** ☐☐☐☐

Signature: ____

PLEASE NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. 24-A M.R.S.A. Section 2186 (3)(A)

Please Send Back to the MMTA Workers' Compensation Trust:

By Mail: P.O. Box 5198, Augusta, ME 04332-5198
By Fax: (207)622-6804
By E-mail: pdemers@workerscompme.com