

RETURN TO WORK NOTIFICATION FORM

Please fax or e-mail this form as soon as you have a return-to-work date for your employee

Email claims@sslicny.com ★ Fax #: 585-398-2854

Please be advised that:

Employee name: _____

Returned to work on a:

Full time basis on _____

Part time basis on _____

Company name: _____

Policy #: _____

Signed by: _____

Title: _____

Phone #: _____ Extension # _____

Fax #: _____

E-Mail: _____

Date: _____

Thank You For Your Prompt Attention To This Request

Standard Security Life Insurance Company