

Steps to complete the form

1

Click on the download button for save the form on your computer.



2

Fill in the fields of the form and save your information before submitting it to us.



NOTICE OF RETURN TO WORK GROUP INSURANCE

NAME OF INSURED		CERTIFICATE NUMBER
DATE OF RETURN TO WORK	TIME _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
HAVE YOU RETURNED TO YOUR REGULAR OCCUPATION ? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF NO, STATE OCCUPATION _____		
IF YES FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		
IF PART-TIME, GIVE REASON : _____		

X
DATE
SIGNATURE

566-A (11-12)



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