

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@sslcnyc.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: _____