

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: _____

Company name: _____ Policy #: _____

Returned to work on a (fill-in):

Full time basis on: _____ / _____
(mm/dd/yyyy) OR Part time basis on: _____ / _____
(mm/dd/yyyy)

Contact Information

Phone #: _____ Extension: _____

Fax #: _____

E-Mail: _____

Signature: _____

Date Signed: _____ / _____
(mm/dd/yyyy)

Print Name: _____

Title: _____