



INSURANCE AND FINANCIAL SERVICES INC.

GROUP INSURANCE

NOTICE OF RETURN TO WORK

According to you region, please submit completed form to:

Quebec
PO Box 800, Station Maison de la Poste
Montreal, Quebec H3B 3K5

Ontario, Atlantic and Western Provinces
522 University Avenue, Suite 400
Toronto, Ontario M5G 1Y7

Last and first name of member (print in ink)

Policy Number Div.

No. Street Apartment

Certificate Number

City Postal Code

Name of policyholder (employer)

Position held by the member upon his/her return to work

Date of return to work
Y M D

- Full-time
- Part-time
- Gradual return

Comments:

Date: _____
By: _____
Title: _____
Tel.: (_____) _____

F54-268A(07-11)



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