

ADVICE ON RETURN OF ABSENT EMPLOYEE

This form is required when an employee returns to work after a disability related absence. It is NOT needed if the date of return to work is shown on the last claim form. However, this form is NOT to be completed before the employee actually returns to work.

Name of Employee: _____

Policy Number: _____ Certificate Number: _____ Claim Number: _____

1. The above named returned to his/her duties on _____, _____ d
_____ a.m. _____ p.m., having been absent on account of _____
(sickness or accident)

2. If employee was able to resume work at an earlier date but did not report due to lack of work or for other reasons, give date work could have been resumed and full explanation

3. If employee has not returned to work and is no longer with your company, please indicate the termination date

Note: Please return any cheque paying benefits past the date the employee returned to work. We will send you another for the correct amount.

Name of Employer/Plan Administrator (please print)

Date: _____ By _____
Authorized Signature of Employer/Plan Administrator

Please keep a copy of this form for your records. **Please do not use staples.** Send this completed form, along with any other pertinent documentation, to:

Equitable Life of Canada
Group Disability Claims Department
One Westmount Road North
P.O. Box 1603 Stn Waterloo, Waterloo Ontario N2J 4C7

Alternatively, you can **scan** and **email** the forms to group-disability-claims@equitable.ca.
Or **fax** your documents to 519 883 7406 or fax toll free to 1 888 505 4373