



## **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 522 University Avenue, Suite 40 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	<ul><li>☐ Full-time</li><li>☐ Part-time</li><li>☐ Gradual return</li></ul>
Comments:		
		F54-268A(07-11)
INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.  According to you region, please submit completed form to:	NOTICE	GROUP INSURANCE
Quebec Ontario, Atlantic and Western		OI ILIONIA 10 WONK
PO Box 800, Station Maison de la Poste Montreal, Quebec H3B 3K5  522 University Avenue Toronto, Ontario M5G 1Y7	Provinces	OF RETORIN TO WORK
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