

NOTICE OF RETURN TO WORK

According to you region, please submit completed form to:

QuebecPO 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

☐ Full-time☐ Part-time☐ Gradual return

Comments: _____

Date: _____

By: _____

Title: _____

Tel.: (_____) _____

F54-268A(07-11)

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