



Trustees of the Southern Interior Health & Welfare Plan

Return to Work Notice

Return completed form to: Southern Interior Health and Welfare Plan
c/o Pacific Blue Cross
PO Box 7000
Vancouver BC V6B 4E1
Phone: 1-888-275-4672 | 604-419-8080
Fax: 604-419-8099

Instructions: For any employee who has been receiving Wage Indemnity Benefits, complete this form the day he returns to work.

POLICY#: 907704	MEMBER ID: _____
EMPLOYEE NAME: _____	
DATE RETURNED TO WORK: _____	
	Month Day Year
If employee was able to return to work at an earlier date but did not return because of a lack of work, give full details.	
.....	
.....	
.....	
.....	
EMPLOYER: _____	
BY: _____	
DATE: _____	
	Month Day Year