MEDICAL LIFE INSURANCE COMPANY

1220 HURON ROAD, CLEVELAND, OHIO 44115-1700
1-800-782-8533 (NATIONWIDE)
GROUP SHORT TERM, LONG TERM AND WAIVER OF PREMIUM BENEFITS

NOTICE OF RETURN TO WORK

COMPLETE AND MAIL FORM TO THE MEDICAL LIFE INSURANCE COMPANY ON THE DATE THE EMPLOYEE RETURNS TO WORK

EMPLOYEE	GROUP NO.	SOCIAL SECURITY

DATE OF RETURN TO WORK _____ 19 _____
MONTH DAY YR.

IF EMPLOYEE WAS ABLE TO RESUME WORK AT AN EARLIER DATE BUT DID NOT DO SO DUE TO LACK OF WORK OR FOR OTHER REASONS, PLEASE GIVE DATE WORK COULD HAVE BEEN RESUMED AND FULL EXPLANATION:

DATE _____ 19 _____

NAME AND ADDRESS OF EMPLOYER _____

SIGNATURE OF AUTHORIZED PERSON _____

Z1517 R1/91 **WARNING:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21)