

# Short-term disability return to work notice



Please PRINT clearly.

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

Complete and mail this form to Sun Life Assurance Company of Canada on the date the employee returns to work.

Name of employee			
Contract number	Subdivision (if any)	Employee ID number	Date of return to work (d/m/y)

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


Name of employer	
Authorized Official's signature X	Date (d/m/y)

020-0020 (03-05)

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