



DISABILITY MANAGEMENT NOTICE OF RETURN TO WORK

PO Box 4030 516 2nd Avenue North
Saskatoon SK S7K 3T2
www.sk.bluecross.ca

Please complete and submit AS SOON AS the employee has resumed regular hours and duties.

Contact Disability Management Inquiry SBCDisabilityInquiry@sk.bluecross.ca with any questions.

Fax completed form to 306.667.5495 ATTENTION Disability Management.

DATE OF RETURN TO WORK _____
(Day) (Month) (Year)

Employee Name _____

Policy # _____

ID # _____

Date

Employer

Signature