



NOTICE OF RETURN TO WORK

Name of employee		Policy Number	
Division Number	Certificate Number		Date returned to work
Date		Name of Group	
By (Employer or Administrator)			

M403-1/20

©The Canada Life Assurance Company, all rights reserved. Canada Life and design are trademarks of The Canada Life Assurance Company. Any modification of this document without the express written consent of Canada Life is strictly prohibited.



NOTICE OF RETURN TO WORK

Name of employee		Policy Number	
Division Number	Certificate Number		Date returned to work
Date		Name of Group	
By (Employer or Administrator)			

M403-1/20

©The Canada Life Assurance Company, all rights reserved. Canada Life and design are trademarks of The Canada Life Assurance Company. Any modification of this document without the express written consent of Canada Life is strictly prohibited.