

SEIU 668 PSSU Local Unit Health and Welfare Fund

2589 Interstate Drive

Harrisburg, PA 17110-9602

(717) 526-4856 (888) 243-1524

FAX (717) 651-9529

RETURN TO WORK NOTIFICATION

Benefits will be reinstated effective on the day you return to work. Delay in returning this form may delay reinstatement of your benefits. Please complete this form and return it to the Health and Welfare Fund when you know the date you will be returning to work.

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

RETURN TO WORK DATE: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_