

RETURN TO WORK RELEASE FORM


Employee Section

Important!

1. This Return to Work Release form is required when returning from a short-term and/or long-term disability. Please complete the Employee Section and have your healthcare provider complete the Healthcare Provider Section.

Fax this **completed** form to (847) 554-1853 **or** mail to:
TIPP Customer Care at ReedGroup
P.O. Box 6278
Broomfield, CO 80021

The form must be received by TIPP Customer Care at ReedGroup at least 4 business days **before** you return to work. Failure to notify TIPP Customer Care at ReedGroup of your return to work could result in an overpayment of your disability claim. You are responsible for reimbursement of any overpayment for failure to return this form.

Name (please print):	Last four digits of SSN:
Job Title:	Employer:
Job Duties:	
 Employee Signature:	Date:

Healthcare Provider Section

Date of last medical exam: _____

Date employee can return to work (Indicate any restrictions in the next section): _____

The employee can return to work:

- Without** restrictions or limitations
- With** the following restrictions or limitations, please indicate what accommodations are needed to enable the employee to safely perform the essential duties of his or her occupation.

Please indicate the duration of the above noted restrictions and limitations.

Begin date: _____ End date: _____

Healthcare Provider Acknowledgment

Name (please print): _____ Phone: _____

Address: _____

Type of practice/specialty: _____

 Healthcare Provider Signature:	Date:
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