

RETURN TO WORK NOTICE

INSTRUCTIONS: When an employee who filed a disability claim returns to work, please notify Benefit Services of Hawaii immediately by completing and returning this card or calling us at (808) 538-8900 on Oahu.

The following employee has returned to work:

EMPLOYEE: _____

DATE RETURNED: _____

EMPLOYER: _____

EMPLOYER SIGNATURE: _____

Benefit Services of Hawaii
P.O. Box 840
Honolulu, HI 96808-0840
Phone (808) 538-8900
Fax (808) 538-8930