

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
 PO Box 299093
 Lewisville, TX 75029-9093

The form must be received by TIPP Customer Care at least four (4) business days **before** you return to work. Failure to notify TIPP Customer Care 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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