



Notification of Absence

FOR WAIVER OF PREMIUM ONLY

To: **RWAM Disability Management**
49 Industrial Drive
Elmira, Ontario N3B 3B1
Email: csr-disability@rwam.com
ph.: 877-888-7926 fax: 519-669-5135
Attn.: Disability Administration Coordinator

Date: _____

From: Name of Group/Company: _____
Group Number: _____ Division Number: _____
Contact Person: _____
Phone #: _____ Email: _____

Name of absent employee: _____

Certificate #: _____ Employee's Phone #: _____

Employee's address: _____

Employee's last date worked: _____

Employee is scheduled to return to work: On estimated date _____

- Full-time
- Modified
- Unknown

Employee has applied for/is receiving:

- Weekly Indemnity Benefits
- WCB/WSIB (attach copy of Notice of Injury to WCB/WSIB)
- Employer/Company Benefits
- EI Sickness Benefits (attach copy of R.O.E.)
- Auto Insurance Benefits
- Has applied for LTD with another carrier
- Other _____
- Unknown

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