



Notification of Absence

TO BE SENT TO RWAM DISABILITY MANAGEMENT IF YOUR EMPLOYEE IS OFF WORK MORE THAN 10 CONSECUTIVE WORKING DAYS

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

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

Early Intervention Management is available upon request on a fee-for-service basis.

Please indicate if you are interested in this product and RWAM Disability will contact you. Yes No

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