

ANTHEM LIFE INSURANCE COMPANY



NHAD SERVICES - INSURANCE DIVISION
507 SOUTH STREET, PO BOX 2337
CONCORD, NH 03302-2337



GROUP SHORT-TERM DISABILITY

NOTICE OF RETURN TO WORK

COMPLETE AND RETURN FORM TO NHADA ON THE DATE THE EMPLOYEE RETURNS TO WORK

EMPLOYEE	GROUP NO.	ID NUMBER
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DATE OF RETURN TO WORK _____ 20_____
MONTH DAY YEAR

IF EMPLOYEE WAS ABLE TO RESUME WORK AT AN EARLIER DATE BUT DID NOT DO SO DUE TO LACK OF WORK OR FOR OTHER REASONS, PLEASE GIVE DATE WORK COULD HAVE RESUMED AND FULL EXPLANATION.

DATE _____ 20_____	NAME AND ADDRESS OF EMPLOYER _____ _____ _____
	SIGNATURE OF AUTHORIZED PERSON _____

WARNING: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.