



Notification of Absence

FOR WAIVER OF PREMIUM ONLY

Complete and send to RWAM Disability Management if employee is absent from work for more than 10 consecutive working days due to illness, medical reason, or injury.

Submit to: RWAM Disability Management
 49 Industrial Dr., Elmira, ON N3B 3B1
 e. csr-disability@rwam.com
 p. 877-888-7926 f. 519-669-5135

Employer	Group #	Div.	Date
Contact Person			
Contact Phone	Email		
Name of Absent Employee			Certificate
Employee's Phone	Email		
#, Street	City, Prov.	PC	
Employee Address			
Employee's last date worked	Employee's scheduled return to work date/estimated return to work date		
Employee is planning to return to work on the following basis:	<input type="checkbox"/> Full-time <input type="checkbox"/> Modified <input type="checkbox"/> Unknown		
Employee has applied for and is receiving:	<input type="checkbox"/> Short Term Disability Benefits <input type="checkbox"/> WCB/WSIB (attach copy of Notice of Injury to WCB/WSIB) <input type="checkbox"/> Employer/Company Benefits <input type="checkbox"/> EI Sickness Benefits (attach copy of R.O.E.) <input type="checkbox"/> Auto Insurance Benefits <input type="checkbox"/> Has applied for LTD with another carrier <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		

Completed by

Signature of Authorized Representative		Name	
		Date	

Privacy Statement

RWAM Insurance Administrators Inc. is committed to protecting the privacy, confidentiality, accuracy, and security of personal information it collects, uses, retains, and discloses in the necessary conduct of our business.

For a complete copy of RWAM's Privacy Policy, please visit: www.rwam.com/privacy