



Notification of Absence

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		
Early Intervention Management is available upon request on a fee-for-service basis. Are you interested in this product: Yes No If 'Yes', a representative from RWAM Disability Management will contact you.			

Privacy Statement

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