



## *Have You Gone to Work?*

*It is important for us to know when you return to work. Please complete this form and return it to our office in person, by mail, email or fax after you have returned to work- Part time or Full time. **Please disregard this letter if you have already submitted this information or you have NOT returned to work - PLEASE DISREGARD THIS NOTICE.***

*Name:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_

*Employer Name:* \_\_\_\_\_

*Your Job Title:* \_\_\_\_\_

*Starting Pay (Optional):* \_\_\_\_\_

*Most Recent Start Date:* \_\_\_\_\_

*Thank you for your time.*