

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-8099 | [pac.bluecross.ca](http://pac.bluecross.ca)

**i Please complete this form the day the employee returns to work after claiming Disability Benefits.**

Mail or fax completed form immediately to Pacific Blue Cross at the above address.

## PART 1 — TYPE OF CLAIM

☐ Short-term disability ☐ Long-term disability ☐ Waiver of premium

## PART 2 — EMPLOYEE'S INFORMATION

Employee's name	Group number	Identity number
Date returned to work (mm-dd-yyyy)	Employer's name	

Remarks:

## PART 3 — AUTHORIZED SIGNATURE

Authorized official's signature <b>X</b>	Date (mm-dd-yyyy)
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