

Massachusetts Retail Merchants Workers' Compensation Group, Inc.
Massachusetts Care Self-Insurance Group, Inc. (nursing homes)
Massachusetts Healthcare Self-Insurance Group, Inc. (hospitals)
Massachusetts Manufacturing Self-Insurance Group, Inc.
Massachusetts Trade Self-Insurance Group, Inc.

P.O. Box 859222-9222 • Braintree, MA 02185
(781) 843-005 • (800) 790-8877 • Fax (800) 382-8891

Please check your group from the list below.

TO: Massachusetts Retail Merchants Workers' Compensation Group, Inc. Claims Department
Massachusetts Care Self-Insurance Group, Inc. Claims Department
Massachusetts Healthcare Self-Insurance Group, Inc. Claims Department
Massachusetts Manufacturing Self-Insurance Group, Inc. Claims Department
Massachusetts Trade Self-Insurance Group, Inc. Claims Department

RETURN TO WORK NOTIFICATION

EMPLOYER: _____

EMPLOYEE: _____

DATE OF RETURN TO WORK: _____

DATE OF EXPECTED RETURN TO WORK: _____

DATE: _____ **SIGNED:** _____

Fax this form to 781-843-0565 as soon as the employer is aware that the employee is about to return to work or has returned to work.

