



## Notice to NYSIF of a Potential Case for Early Return-to-Work

The following injured employee has been identified by our company as a possible participant in our Early Return-to-Work program:

**Date:** \_\_\_\_\_

**Policy Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

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

**NYSIF Claim #:** \_\_\_\_\_ **Date of Accident:** \_\_\_\_\_

### Name, address and telephone number of treating physician:

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_

### Policyholder ERTW Coordinator:

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Enclosures:

- Job Demands Analysis Form (Copy NYSIF and treating physician)
- Doctor Notification Letter completed by doctor (Copy NYSIF upon receipt)
- Physical Capabilities Worksheet completed by doctor (Copy NYSIF upon receipt)
- Return-to-Work Availability Letter (Copy NYSIF when issued to employee)