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| **Instructions:** Please complete all applicable fields. Send the completed form to ra-benwc@pa.gov COPANotices@pnat.com, insvhb@pnat.com. You may add information to the subject line, and you may include an email introduction, but it is not required since all of the information should be contained on this form. | | | | |
| **Claim Information:** | | | | |
| Claimant | Inservco Claim Number | | Adjuster | |
|  |  | |  | |
| Return to Work (Full Duty or Modified Duty) | | | | |
| Date Of Actual Return to Work | | Hourly Rate of Pay | | |
|  | |  | | |
| If not returning on exact release date, please explain (scheduled day off, holiday, vacation, etc.) | | | | |
| If not returning to full-time, full duty work, explain restrictions (4 hours per day, full time with lifting restrictions, etc.) | | | | |
| **For Lost time Claims Only:** | | | | |
| Did the employee return to work with loss of earnings (cannot work overtime if available upon return, accepted voluntary demotion in pay upon return) | | | | |
| If yes, include number of hours working per week | | | | |
|  | | | | |
| Other Comments | | | | |
| **For Inservco Use Only:** | | | | |
| Inservco Reviewer | | | | Date |
|  |
| Indemnity Stopped by | | | | Date |
|  | | | |  |