encova INSURANCE

RETURN-TO-WORK NOTICE

Return completed form to:
Encova Insurance
P.O. Box 3151
Charleston, WV 25332-3151
Or fax to: 877-898-6980

GIVE CLAIMANT'S COMPLETE NAME AND ADDRESS. PLEASE TYPE OR PRINT USING INK PEN TO ENSURE CLARITY.

Claimant name	
Claimant address	
City, state, ZIP	
Claimant number	
Social Security number	
Date of injury	
The above named employee began MISSING work on	
The above named employee RETURNED to work on	
Signature	Title
Employee	Date