SHELTERPOINT
Claim Form

ShelterPoint Life Insurance Company
1225 Franklin Avenue, Ste. 475
Garden City, NY 11530
Fax: 516.504.6412 (main) | 516.504.6436 (service) | 516.504.6414 (claims)
Phone: 800.365.4999 (516.829.8100)
www.shelterpoint.com

Return-To-Work Notice

Claim No.: **Policy No.:**
Claimant:

Dear Policyholder:

Please complete the following information for claimant mentioned above:

Above-named disabled employee (claimant)

- ❑ returned to work on _____ (Date) at _____ (Time)
- ❑ became disabled again on _____ (Date).

Print name: _____ Title: _____

Signature: _____ Date: _____

Please return to:

ShelterPoint Life
Claims Department
1225 Franklin Ave., Ste. 475
Garden City, NY11530