

**PENSIONER INFORMATION**

SIN or LPF Member ID Number				Date of Birth (yyyy/mm/dd)				Home Local		Gender	
Last Name				First Name				Middle Name			
Address								Apt/Suite #			
City				Province		Postal Code		Country			
Email				Primary Phone				Other Phone			

**EMPLOYMENT INFORMATION**

Employer Name

Last Day of Work (yyyy/mm/dd)

**AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)**

By completing this form, you understand the information provided in this sheet and how it may apply to you.

I, \_\_\_\_\_ (print name) hereby declare that I am signing this form with full knowledge and understanding of the Return to Work rules, its requirements and consequences.

Signature		Date (yyyy/mm/dd)	
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