

Request for reintegration process

EMPLOYEE



Please complete all fields correctly. This data is essential in order to be able to process your reintegration request. If the data is incomplete, we will need to contact you again before we can process the request.

The undersigned (first name and last name of employee):

Date of birth: / / Social security ID number:

Health insurance fund:
(add sticker or note health insurance fund number here)

Address: Street:

Number:

Box:

Postcode:

Municipality:

Email address (work):

Email address (private):

Mobile/Tel. (work):

Mobile/Tel. (private):

hereby requests that the prevention advisor – occupational health doctor initiate a reintegration process:

Currently agreed work:

I have been unfit for work since: / /

Reason for reintegration process request:

Company name:

Name of personnel manager (HRM):

Name of manager:

Date and signature of the employee:

/ /

According to Art. I.4-73 §2 of the Codex on Wellbeing at Work, the consulting physician will be informed if you do not respond to the invitation from the prevention advisor – occupational health doctor, and you may in that case be penalised in accordance with the legislation on compulsory insurance for healthcare and sickness benefits.

Please send your reintegration process request to our regional Customer Service team by post.

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