[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Case Manager Name]
[Insurance Company Name / HR Department]
[Company Address]

Re: Intent to Return to Work - Claim #[Your Claim Number]

Dear [Recipient Name],

I am writing to formally notify you of my intent to return to work following my long-term disability leave. Based on the recent assessment by my healthcare provider, I am prepared to resume my duties on [Date].

Attached to this letter, please find the medical release documentation provided by [Doctor's Name]. This document outlines my fitness for duty and specifies any necessary workplace accommodations required for a successful transition.

I am eager to reintegrate into the workplace and would like to discuss the following:

- Confirmation of my return date and work schedule.
- Review of any phased-in return-to-work plans.
- Implementation of requested accommodations, if applicable.

Please let me know the next steps in the reinstatement process or if any additional paperwork is required from my side. I look forward to hearing from you soon.

Sincerely,

[Your Signature]

[Your Printed Name]