



Tennessee Bureau of Workers' Compensation
 220 French Landing Drive, I-B
 Nashville, TN 37243-1002
 800-332-2667

FORM I-4

NOTICE OF ELECTION

This form is to be completed by a:

- sole proprietor,
- member of an LLC, or
- partner

who is not a construction services provider as defined in T.C.A §50-6-901, who wishes to be considered as an employee and elects to come under the provisions of the Tennessee Workers' Compensation Law.

To the Bureau of Workers' Compensation:

You are hereby notified that I, _____

Type or Print Individual's Name

- being a (check one) () Sole Proprietor
 () Member of LLC
 () Partner

in the following business:

Business Name & FEIN:

hereby elects to come under the provisions of the Tennessee Workers' Compensation Law.

Signature

Social Security Number

Business Physical Street Address City State Zip

Business Mailing Address City State Zip

Signed this _____ day of _____, 20_____.