



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

FORM I-5

NOTICE OF WITHDRAWAL

This form can be filed only by a Sole Proprietor, Member of an LLC or Partner who elects to revoke a previously-filed FORM I-4. This form is not to be filed with the Bureau of Workers' Compensation

To _____, the Insurance Carrier of the Business
named below:

You are hereby notified that I, _____
Type or Print Name of Individual

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

in the following business:

Business Name & FEIN:

wish to withdraw my previously filed Form I-4. I no longer elect 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_____.