

The Form Must Be Original & Completed In Pen



FORM I-13

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

220 French Landing Drive
Nashville, Tennessee 37243-1002

NOTICE OF WITHDRAWAL OF WAIVER

I hereby notify the Tennessee Workers' Compensation Division that I,

_____, being an

(Employee or prospective employee)

employee of

Business Name FEIN #

Business Address: Street City State Zip

wish to withdraw my waiver of workers' compensation benefits are:

1. Aggravation or Repetition of Heart Disease,
Heart Attack or Coronary Failure or Occlusion.

2. Being affected by or susceptible to

Disease

3. Injuries resulting from Epilepsy.

Employee's Signature

Social Security Number

Business Address

Business Address

Dated this _____ day of _____, 20_____.