

REQUEST FOR SETTLEMENT APPROVAL - FORM RSA



TENNESSEE BUREAU OF WORKERS' COMPENSATION
http://www.tn.gov/labor-wfd/wcomp.html
Toll Free Help Line: 1-800-332-2667

STAMP-DATE RECEIVED

SF #
RSA #
FOR OFFICE USE ONLY

PLEASE NOTE: ALL SECTIONS MARKED WITH AN ASTERISK \* ARE MANDATORY

- A)\* DATE of INJURY
B)\* Was this case mediated by the TN Bureau of Workers' Compensation?
C)\* does this settlement represent the closure of medical coverage?
D)\* does this settlement represent the reconsideration of a prior settlement?
E)\* EMPLOYEE'S NAME: DATE of BIRTH
EMPLOYEE'S ATTORNEY: BPR#:
PHONE # FAX # EMAIL:
F)\* EMPLOYER'S NAME: Contact Person:
EMPLOYER'S ATTORNEY: BPR#:
PHONE # FAX # EMAIL:
G)\* INSURANCE CARRIER:
CLAIM HANDLER: CLAIM #
ADJUSTER'S NAME:
PHONE # FAX # EMAIL:

The Employee must be physically present for the Approval Session. Unless otherwise agreed, all Approval sessions will be held in TN Bureau of Workers' Compensation Offices.

BY SIGNATURE BELOW, THE PARTIES REQUEST THAT THE TN BUREAU OF WORKERS' COMPENSATION REVIEW AND APPROVE THE PROPOSED SETTLEMENT AGREEMENT, HEREBY SUBMITTED ALONG WITH ALL SUPPORTING DOCUMENTS.

\* Employee or Employee's Representative (Signature)

\* Employer or Employer's Representative (Signature)

DATE of SCHEDULED APPROVAL SESSION



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Please return the completed form to the office listed below that is closest to the home address of the Employee named in the Request for Settlement Approval (RSA form) or the Request for Mediation (C40B form).

If you need help in completing this form, please call the office nearest you or our toll-free help line listed above.

**Chattanooga**

TN Bureau of Workers'  
Compensation  
1301 Riverfront Pkwy., Ste. 202  
Chattanooga, TN 37402  
Fax: 423-634-3115  
Email: [wc.ombudsman@tn.gov](mailto:wc.ombudsman@tn.gov)

**Cookeville**

TN Bureau of Workers'  
Compensation  
444 – A Neal Street  
Cookeville, TN 38501-027  
Fax: 931-520-4316  
Email: [wc.ombudsman@tn.gov](mailto:wc.ombudsman@tn.gov)

**Knoxville**

TN Bureau of Workers'  
Compensation  
520 Summit Hill, Ste. 103  
Knoxville, TN 37902  
Fax: 865-594-5172  
Email: [wc.ombudsman@tn.gov](mailto:wc.ombudsman@tn.gov)

**Jackson**

TN Bureau of Workers'  
Compensation  
225 Dr. Martin L. King Jr. Dr.  
1st Floor, Suite 120, Box 16  
Jackson, TN 38301-6920  
Fax: 731-265-7022  
Email: [wc.ombudsman@tn.gov](mailto:wc.ombudsman@tn.gov)

**Memphis**

TN Bureau of Workers'  
Compensation  
One Commerce Square  
40 South Main St., Ste. 500  
Memphis, TN 38103-1820  
Fax: 901-543-6039  
Email: [wc.ombudsman@tn.gov](mailto:wc.ombudsman@tn.gov)

**Murfreesboro**

TN Bureau of Workers'  
Compensation  
845 Esther Lane  
Murfreesboro, TN 37129-5537  
Fax: 615-217-9378  
Email: [wc.ombudsman@tn.gov](mailto:wc.ombudsman@tn.gov)

**Kingsport**

TN Bureau of Workers'  
Compensation  
1908 Bowater Drive  
Kingsport, TN 37660-4136  
Fax: 423-224-2056  
Email: [wc.ombudsman@tn.gov](mailto:wc.ombudsman@tn.gov)

**Nashville**

TN Bureau of Workers'  
Compensation  
220 French Landing Drive, 1-B  
Nashville, TN 37243-1002  
Fax: 615-253-1223  
Email: [wc.ombudsman@tn.gov](mailto:wc.ombudsman@tn.gov)