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Tennessee Bureau of Workers' Compensation

tn.gov/workerscomp

wc.ombudsman@tn.gov

1-800-332-2667

REQUEST FOR BENEFITS FROM THE UNINSURED EMPLOYERS FUND

Eligible employees, or eligible dependents of a deceased employee, may use this form to request benefits from the Uninsured Employers Fund (UEF) if they are injured or die while working for an employer that failed to provide:

1. Workers' compensation insurance as required by the TN Workers' Compensation Law; and,
2. Medical, disability, and/or death benefits as required by the TN Workers' Compensation Law.

This form **MUST** be completed and sent via **certified mail** to the following address:

Tennessee Bureau of Workers' Compensation
 ATTN: UEF Benefit Manager
 Uninsured Employers Fund
 220 French Landing Drive, Suite 1B
 Nashville, TN 37243-1002

This form **MUST** be sent within sixty (60) calendar days after the claim is over and **MUST include:**

1. A **court order** stating your employer owes you benefits and that you may request UEF benefits;
2. A completed Internal Revenue Service (IRS) Form, [W-9](#) Request for Taxpayer Information and Certification available at www.irs.gov; and
3. A completed Bureau of Workers' Compensation [Form C-31](#) Medical Waiver and Consent available on the "Forms" link at www.tn.gov/workerscomp.

I certify that I believe I am eligible for benefits from the UEF; that my employer has not paid all or part of the benefits I am due; and my employer has not complied with an order issued by the Court of Workers' Compensation Claims.

I, _____, request benefits from the Uninsured Employers Fund.
(Print Your Name)

Signature

Date

Tennessee Law allows the State of Tennessee to recover payments made by the UEF for temporary disability benefits, medical benefits, and/or death benefits. An agreement between you and your employer for payment of benefits must be pre-approved by the UEF before being approved by a workers' compensation judge.