



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

FORM I-13

NOTICE OF WITHDRAWAL OF A PREVIOUSLY SIGNED WAIVER

I, _____, being an employee of
(Printed name of employee or prospective employee)

Business Name FEIN #

Business Mailing Address City State Zip

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

1. Injuries resulting from a Heart Condition
2. Injuries resulting from an Occupational Disease: _____
Disease
3. Injuries resulting from Epilepsy.

Employee's Signature Date

Social Security Number _____

Business Street Address (if different from above)

City State ZIP