

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

FORM I-3

NOTICE OF REDUCTION

Business Name:

Federal Employer Identification Number (FEIN):

I hereby notify the Tennessee Bureau of Workers' Compensation that my workforce has been reduced to less than five (5) persons and the above-named employer wishes to withdraw and no longer be subject to the Tennessee Workers' Compensation Law.

Printed Employer Representative Name	Signature		Title
Phone #	Email Address	Business	s Mailing Address
Business Street Address (if different)		City, State, ZIP	
Insurance Carrier Name	Policy #		Effective Date of Policy
Signed this	day of	, 20	