

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

FORM I-4

NOTICE OF ELECTION

This form is to be completed by a:

- sole proprietor,
- member of an LLC, or
- partner

who is not a construction services provider as defined in T.C.A §50-6-901, who wishes to be considered as an employee and elects to come under the provisions of the Tennessee Workers' Compensation Law. This form is not to be filed with the Bureau of Workers' Compensation.

То			, the	, the Insurance Carrier of the Business named					
below:									
You are hereby noti	fied	that	I,						
			Type or Print In	Type or Print Individual's Name					
being a (check one)	()	Sole Proprietor						
	()	Member of LLC						
	()	Partner						
in the following bus	iness	3:							
Business Name & FEIN: hereby elects to com	ie un	der	the provisions of the Tennessee Work	ers' Com	pensation La	W.			
			Signature						
			Social Security Number						
			Business Physical Street Address	City	State	Zip			
			Business Mailing Address	City	State	Zip			
Signed this	_day	y of	, 20						

LB-0228 (REV 6/17)