



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.

To \_\_\_\_\_, the Insurance Carrier of the Business named below:

You are hereby notified that I, \_\_\_\_\_

Type or Print Individual's Name

- being a (check one)     Sole Proprietor  
                                    Member of LLC  
                                    Partner

in the following business:

Business Name & FEIN:

hereby elects to come under the provisions of the Tennessee Workers' Compensation Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Business Physical Street Address    City    State    Zip

\_\_\_\_\_  
Business Mailing Address    City    State    Zip

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.