



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

FORM I-5

NOTICE OF WITHDRAWAL

This form can be filed only by a Sole Proprietor, Member of an LLC or Partner who elects to revoke a previously-filed FORM I-4. 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 Name of Individual

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

in the following business:

 Business Name & FEIN:

wish to withdraw my previously filed Form I-4. I no longer elect to come under the provisions of the Tennessee Workers' Compensation Law.

 Signature

 Social Security Number

_____ Business Physical Street Address	_____ City	_____ State	_____ Zip
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_____ Business Mailing Address	_____ City	_____ State	_____ Zip
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Signed this _____ day of _____, 20_____.