



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

FORM I-9

NOTICE OF WITHDRAWAL OF AN EXEMPT EMPLOYERS' VOLUNTARY ELECTION

Notice is hereby given that _____
Printed Employer Name FEIN

Business Address City State Zip

wishes to withdraw its voluntary election to come under the provisions of the Tennessee Workers' Compensation Act.

If this form is being submitted on behalf of a county or municipal corporation, please indicate the department or division covered by this form: _____

Printed Employer Representative Name Title Phone #

Signature Date

Business Mailing Address

Business Street Address (if different from above)

City State ZIP