

REQUEST FOR SETTLEMENT APPROVAL - FORM RSA



TENNESSEE BUREAU OF WORKERS' COMPENSATION
http://www.tn.gov/labor-wfd/wcomp.html
Toll Free Help Line: 1-800-332-2667

STAMP-DATE RECEIVED

SF #
RSA #
FOR OFFICE USE ONLY

PLEASE NOTE: ALL SECTIONS MARKED WITH AN ASTERISK * ARE MANDATORY

- A)* DATE of INJURY
B)* Was this case mediated by the TN Bureau of Workers' Compensation?
C)* does this settlement represent the closure of medical coverage?
D)* does this settlement represent the reconsideration of a prior settlement?
E)* EMPLOYEE'S NAME: DATE of BIRTH
EMPLOYEE'S ATTORNEY: BPR#:
PHONE # FAX # EMAIL:
F)* EMPLOYER'S NAME: Contact Person:
EMPLOYER'S ATTORNEY: BPR#:
PHONE # FAX # EMAIL:
G)* INSURANCE CARRIER:
CLAIM HANDLER: CLAIM #
ADJUSTER'S NAME:
PHONE # FAX # EMAIL:

The Employee must be physically present for the Approval Session. Unless otherwise agreed, all Approval sessions will be held in TN Bureau of Workers' Compensation Offices.

BY SIGNATURE BELOW, THE PARTIES REQUEST THAT THE TN BUREAU OF WORKERS' COMPENSATION REVIEW AND APPROVE THE PROPOSED SETTLEMENT AGREEMENT, HEREBY SUBMITTED ALONG WITH ALL SUPPORTING DOCUMENTS.

* Employee or Employee's Representative (Signature)

* Employer or Employer's Representative (Signature)

DATE of SCHEDULED APPROVAL SESSION



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Please return the completed form to the office listed below that is closest to the home address of the Employee named in the Request for Settlement Approval (RSA form) or the Request for Mediation (C40B form).

If you need help in completing this form, please call the office nearest you or our toll-free help line listed above.

Chattanooga

TN Bureau of Workers'
Compensation
1301 Riverfront Pkwy., Ste. 202
Chattanooga, TN 37402
Fax: 423-634-3115
Email: wc.ombudsman@tn.gov

Cookeville

TN Bureau of Workers'
Compensation
444 – A Neal Street
Cookeville, TN 38501-027
Fax: 931-520-4316
Email: wc.ombudsman@tn.gov

Knoxville

TN Bureau of Workers'
Compensation
520 Summit Hill, Ste. 103
Knoxville, TN 37902
Fax: 865-594-5172
Email: wc.ombudsman@tn.gov

Jackson

TN Bureau of Workers'
Compensation
225 Dr. Martin L. King Jr. Dr.
1st Floor, Suite 120, Box 16
Jackson, TN 38301-6920
Fax: 731-265-7022
Email: wc.ombudsman@tn.gov

Memphis

TN Bureau of Workers'
Compensation
One Commerce Square
40 South Main St., Ste. 500
Memphis, TN 38103-1820
Fax: 901-543-6039
Email: wc.ombudsman@tn.gov

Murfreesboro

TN Bureau of Workers'
Compensation
845 Esther Lane
Murfreesboro, TN 37129-5537
Fax: 615-217-9378
Email: wc.ombudsman@tn.gov

Kingsport

TN Bureau of Workers'
Compensation
1908 Bowater Drive
Kingsport, TN 37660-4136
Fax: 423-224-2056
Email: wc.ombudsman@tn.gov

Nashville

TN Bureau of Workers'
Compensation
220 French Landing Drive, 1-B
Nashville, TN 37243-1002
Fax: 615-253-1223
Email: wc.ombudsman@tn.gov