



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_____.