



The Form Must Be Original & Completed In Pen

FORM I-9

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

220 French Landing Drive
Nashville, Tennessee 37243-1002

NOTICE OF WITHDRAWAL OF EXEMPT EMPLOYERS' VOLUNTARY ELECTION

Notice is hereby given that _____
Business Name

Business Address FEIN#

City State Zip

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

Print and Sign Name

Business Address

Business Address

Signed this _____ day of _____, 20_____.