



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

 Business Mailing Address City State Zip

Signed this _____ day of _____, 20_____.