

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

Nashville, Tennessee 37243-0661

NOTICE OF CORPORATE OFFICER TO EMPLOYER OF ELECTION NOT TO ACCEPT PROVISIONS OF "WORKERS' COMPENSATION ACT" OF TENNESSEE.

INSTRUCTIONS:

File an original, a copy and a self addressed, stamped envelope. (approved copy will be returned). The form must be complete, legible and notarized. If any information is missing, the form will be returned and will prolong the effective date until form is received complete. The effective date is 30 days after approved stamped date. Once approved the form is effective until withdrawn by the filing of a "I-7 Notice of Corporate Officer's Revocation of Exemption" form. If the employer or corporate officer names change a new form should be filed.

EMPLOYER NAME _____ Federal Employer ID # _____

EMPLOYER ADDRESS _____

PLEASE FURNISH NAME AND ADDRESS OF COMPANY OR INDIVIDUAL SUBMITTING FORM:

NAME: _____ ADDRESS _____

ACCEPTABLE OFFICER'S TITLES: PRESIDENT, VICE-PRESIDENT, SECRETARY, TREASURER, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR CHIEF OPERATING OFFICER.

You are hereby notified that the undersigned corporate officer elects not to be bound by the provisions of the Tennessee Workers' Compensation Act in compliance with section 50-6-104 of the said "Workers' Compensation Act"

CORPORATE OFFICER REJECTING COVERAGE

(PRINT)

NAME _____ TITLE _____

SIGNATURE _____ SSN _____

This is to certify that the above named corporate officer has served notice on his/her employer and said employer has not advised, counseled or encouraged the corporate officer to reject the provisions of the Workers Compensation Act , in compliance of section 50-6-104(b).

Employer

signature _____

Signed this _____ day of _____,

20 _____

Subscribed and sworn to before me this _____ day

of _____, 20 _____

Notary

Public _____

My commission expires _____, 20 _____.