



**\*The Form Must Be Original & Completed In Pen\***

**FORM I-5**

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

**Division of Workers' Compensation**

220 French Landing Drive  
Nashville, Tennessee 37243-1002

**NOTICE OF WITHDRAWAL OF SOLE PROPRIETOR OR PARTNER ELECTION**

I hereby notify the Tennessee Workers' Compensation Division that I,

\_\_\_\_\_, being  
**Name**

- sole proprietor     Partner
- Member

and engaged as such in the business of:

<b>Business Name</b>	<b>Federal Employer Identification Number (FEIN)</b>
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wish to withdraw my election to come under the provisions of the Tennessee Workers' Compensation Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.