

REQUEST FOR SETTLEMENT APPROVAL – FORM RSA



TENNESSEE BUREAU OF WORKERS' COMPENSATION  
[tn.gov/workerscomp](http://tn.gov/workerscomp)  
Toll Free Help Line: 1-800-332-2667

STAMP-DATE RECEIVED

SF # \_\_\_\_\_  
RSA # \_\_\_\_\_  
FOR OFFICE USE ONLY

ALL SECTIONS MARKED WITH AN **ASTERISK \*** ARE MANDATORY

A)\* DATE of INJURY \_\_\_\_/\_\_\_\_/\_\_\_\_

B)\* Was this case mediated by the TN Bureau of Workers' Compensation? Yes No

C)\* does this settlement represent the closure of medical coverage? Yes No

D)\* does this settlement represent the reconsideration of a prior settlement? Yes No

E)\* EMPLOYEE'S NAME: \_\_\_\_\_ DATE of BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE'S ATTORNEY: \_\_\_\_\_ BPR#: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL: \_\_\_\_\_

F)\* EMPLOYER'S NAME: \_\_\_\_\_ Contact Person: \_\_\_\_\_

EMPLOYER'S ATTORNEY: \_\_\_\_\_ BPR#: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL: \_\_\_\_\_

G)\* INSURANCE CARRIER: \_\_\_\_\_

CLAIM HANDLER: \_\_\_\_\_ CLAIM # \_\_\_\_\_

ADJUSTER'S NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL: \_\_\_\_\_

*The Employee must be **physically present** for the Approval Session. Unless otherwise agreed, all Approval sessions will be held in TN Bureau of Workers' Compensation Offices.*

**BY SIGNATURE BELOW, THE PARTIES REQUEST THAT THE TN BUREAU OF WORKERS' COMPENSATION REVIEW AND APPROVE THE PROPOSED SETTLEMENT AGREEMENT, HEREBY SUBMITTED ALONG WITH ALL SUPPORTING DOCUMENTS.**

\* \_\_\_\_\_  
Employee or Employee's Representative (Signature)

\* \_\_\_\_\_  
Employer or Employer's Representative (Signature)

\_\_\_\_\_  
DATE of SCHEDULED APPROVAL SESSION



TENNESSEE BUREAU OF WORKERS' COMPENSATION

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Please return the completed form to the office listed below that is **closest to the home address of the Employee** named in the Request for Settlement Approval (RSA form) or the Request for Mediation (C40B form).

If you need help in completing this form, please call the office nearest you or our toll-free help line listed above.

**Chattanooga**

TN Bureau of Workers'  
Compensation  
1301 Riverfront Pkwy., Ste. 202  
Chattanooga, TN 37402  
Fax: 423-634-3115  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)

**Cookeville**

TN Bureau of Workers'  
Compensation  
PO Box 678  
Cookeville, TN 38503  
Fax: 931-520-4316  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)

**Jackson**

TN Bureau of Workers'  
Compensation  
225 Dr. Martin L. King Jr. Dr.  
1st Floor, Suite 120, Box 16  
Jackson, TN 38301-6985  
Fax: 731-265-7022  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)

**Gray**

TN Bureau of Workers'  
Compensation  
5788 Bobby Hicks Highway  
Gray, TN 37615-3190  
Fax: 423-239-7844  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)

**Knoxville**

TN Bureau of Workers'  
Compensation  
520 Summit Hill, Ste. 103  
Knoxville, TN 37902  
Fax: 865-594-5172  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)

**Memphis**

TN Bureau of Workers'  
Compensation  
One Commerce Square  
40 South Main St., Ste. 500  
Memphis, TN 38103-1820  
Fax: 901-543-6039  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)

**Murfreesboro**

TN Bureau of Workers'  
Compensation  
845 Esther Lane  
Murfreesboro, TN 37129-5537  
Fax: 615-217-9378  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)

**Nashville**

TN Bureau of Workers'  
Compensation  
220 French Landing Drive, 1-B  
Nashville, TN 37243-1002  
Fax: 615-253-1223  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)

**Workers' Comp Court Clerk**

TN Bureau of Workers'  
Compensation  
220 French Landing, 1-B  
Nashville, TN 37243-1002  
Fax 615-253-2480  
Email: [PBD.CourtClerk@tn.gov](mailto:PBD.CourtClerk@tn.gov)