



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

220 French Landing Dr.

Nashville, Tennessee 37243-1002

NOTICE OF CHANGE OR TERMINATION OF COMPENSATION BENEFITS

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

State File #: _____

Claimant _____

Social Security # _____

Employer _____

FEIN # _____

Employer Address _____

Insurer _____

Insurer Claim# _____

Insurer Address _____

Date of Injury _____

Date of Disability _____

CHANGE OF BENEFITS

Compensation benefit rate changed from _____ to _____

Reason for change: _____

Date of change: _____

TERMINATION OF BENEFITS

Compensation benefits terminated on _____

Reason for termination: _____

Date claimant notified: _____

Insurer/Self Insurer

Address

Address

Date _____