



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Bureau of Workers' Compensation
220 French Landing Drive, 1-B
Nashville, Tennessee 37243-1002
800-332-2667

PERMANENT TOTAL DISABILITY FINAL ORDER

(MUST BE FILED WITH THE BUREAU WITHIN 30 CALENDAR DAYS OF THE ENTRY OF A FINAL ORDER AWARDING PERMANENT TOTAL DISABILITY BENEFITS)

Claimant's Name: _____
(Please Print)

Street Address: _____

City: _____ State: _____ Zip: _____

Claimant Phone: _____ Email address: _____

Date of Injury: _____ Date of Birth: _____

State File #: _____ Final Order Entry Date: _____

Style of Case: _____

Court/County: _____ Docket #: _____

Benefits Awarded: Employer _____% Subsequent Injury Fund _____%

Employer Name: _____

Insurer Name: _____

Employer/Carrier Attorney: _____ BPR#: _____

Employee Attorney: _____ BPR#: _____

Form Submitted by: _____ Date: _____

Submitter's Phone #: _____ Submitter's email: _____