



Tennessee Bureau of Workers' Compensation  
220 French Landing Drive, I-B  
Nashville, TN 37243-1002  
800-332-2667

FORM I-13

**NOTICE OF WITHDRAWAL OF A PREVIOUSLY SIGNED WAIVER**

I, \_\_\_\_\_, being an employee of  
(Printed name of employee or prospective employee)

Business Name \_\_\_\_\_ FEIN # \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

wish to withdraw my waiver of workers' compensation benefits regarding:

- 1. Injuries resulting from a Heart Condition
- 2. Injuries resulting from an Occupational Disease: \_\_\_\_\_  
Disease
- 3. Injuries resulting from Epilepsy.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Business Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_