



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

FORM I-6

**NOTICE OF CORPORATE OFFICER TO EMPLOYER OF ELECTION
NOT TO ACCEPT PROVISIONS OF WORKERS' COMPENSATION ACT OF TENNESSEE**

This form is to be used when an officer of a corporation elects to be exempt from the provisions of, and not be covered by, the Tennessee Workers' Compensation Act. This election shall not become effective until 30 days have passed following the date of signature without an accident resulting in injury or death.

INSTRUCTIONS FOR THE CORPORATE OFFICER MAKING THE ELECTION:

File the original with the employer and a photocopy of the completed form and proof of service to Employer with the Bureau at the address above. Once accepted by the employer, the form is effective until withdrawn by the filing of a "FORM I-7 Notice of Corporate Officer's Revocation of Exemption" form. This form will **NOT** be used for those entities considered a "**Construction Service Provider**" under the Tennessee Workers' Compensation Act.

Business Name _____ FEIN # _____

Business Mailing Address _____
City State Zip

Business Street Address _____
(if different from above) City State Zip

State of _____, County of _____

I, _____, being duly sworn, make oath as
(Printed name and title of corporate officer)

follows:

I elect to not be bound by the provisions of the Tennessee Workers' Compensation Act. I certify that the employer has not advised, counseled, or encouraged me to reject the provision of the Act.

DATE _____ SIGNATURE _____ SSN _____

Sworn to and subscribed before me this day _____ day of _____, 20_____.

(Seal)

(Notary's Signature)

My commission expires: _____