



**STATE OF TENNESSEE
BUREAU OF WORKERS' COMPENSATION**

220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243-1002
(615)741-2395 or 1-800-332-2667

WC.EDI@TN.GOV

**NOTIFICATION OF PRIMARY LIAISON AND ADJUSTERS PROCESSING
OR SUPERVISING TENNESSEE WORKERS' COMPENSATION CLAIMS**

This form is used to satisfy the requirement for Adjusting Entities to designate a primary liaison and provide the names and contact information of each adjuster covered by the Bureau's Claims Handling Standards (Rules 0800-2-14).

Information concerning adjusters must be provided to the Bureau in **January** and **July** of **each year**. Information concerning the primary liaison must be provided to the Bureau within 15 calendar days of any changes.

In lieu of using this form, this information can be provided to the Bureau in another format if the same information is included.

[Download .xlsx file template](#) and email to wc.edi@tn.gov.

Adjusting Entity Name _____

d/b/a _____

Primary Liaison Name _____ Title _____

Liaison Direct Phone # _____ Email _____

Liaison Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____

Adjuster Name _____

Adjuster Direct Phone # _____ Email _____

Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____

Adjuster Name _____

Adjuster Direct Phone # _____ Email _____

Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____