

REQUEST FOR SETTLEMENT APPROVAL



TENNESSEE DEPT OF LABOR & WORKFORCE DEVELOPMENT
Division of Workers' Compensation
http://www.tn.gov/labor-wfd/wcomp.html
Toll Free Help Line: 1-800-332-2667

STAMP-DATE RECEIVED

SF #
RSA #

PLEASE NOTE: ALL SECTIONS MARKED WITH AN ASTERISK * ARE MANDATORY

A) * DATE of INJURY Employee's Social Security Number:

B) * Was This Case Mediated By Tennessee Dept of Labor & Workforce Development? Yes No

C) * Does This Settlement Represent the Closure of Medical Coverage? Yes No If Yes, Date of Initial Settlement

D) * Does this Settlement Represent the Reconsideration of Prior Settlement? Yes No If Yes, Date of Initial Settlement

E) * EMPLOYEE'S NAME: DATE of BIRTH:

MAILING ADDRESS:

CITY: STATE: ZIP:

EMPLOYEE'S ATTORNEY: BPR#:

PHONE #: FAX #: EMAIL:

F) * EMPLOYER'S NAME: Contact Person:

EMPLOYER'S ATTORNEY: BPR#:

PHONE #: FAX #: EMAIL:

G) * INSURANCE CARRIER:

CLAIM HANDLER: CLAIM #:

ADJUSTER'S NAME:

PHONE #: FAX #: EMAIL:

DATES REQUESTED for APPROVAL:

The Employee must be physically present for the Approval Session. Unless otherwise agreed, all Approval sessions will be held in Department of Labor & Workforce Development Offices

BY SIGNATURE BELOW, THE PARTIES REQUEST THAT THE TENNESSEE DEPARTMENT OF LABOR REVIEW AND APPROVE THE PROPOSED SETTLEMENT AGREEMENT, HEREBY SUBMITTED ALONG WITH ALL SUPPORTING DOCUMENTS.

* Employee or Employee's Representative (Signature)

* Employer or Employer's Representative (Signature)

CONFIRMED DATE of SCHEDULED APPROVAL SESSION



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Please return the completed form to the office listed below that is closest to the home address of the Employee named in Section E of the Request for Settlement Approval (RSA form) or Section C of the Request for Benefit Review Conference (C40B form).

If you need help in completing this form, please call the office nearest you or our toll-free help line listed above.

CHATTANOOGA

TDLWD/WORKERS' COMPENSATION DIVISION
State Office Bldg, 600W
540 McCallie Avenue
Chattanooga, TN 37402-2066
Phone: 423-634-6422
Fax: 423-634-3115

KINGSPORT

TDLWD/WORKERS' COMPENSATION DIVISION
1908 Bowater Drive
Kingsport, TN 37660-4136
Phone: 423-224-2057
Fax: 423-224-2056

KNOXVILLE

TDLWD/WORKERS' COMPENSATION DIVISION
520 Summit Hill, Suite 103
Knoxville, TN 37902
Phone: 865-594-5177
Fax: 865-594-5172

COOKEVILLE

TDLWD/WORKERS' COMPENSATION DIVISION
444 – A Neal Street
Cookeville, TN 38501-4027
Phone: 931-520-4290
Fax: 931-520-4316

MURFREESBORO

TDLWD/WORKERS' COMPENSATION DIVISION
845 Esther Lane
Murfreesboro, TN 37129-5537
Phone: 615-848-6743
Fax: 615-217-9378

NASHVILLE

TDLWD/WORKERS' COMPENSATION DIVISION
220 French Landing Dr.
Nashville, TN 37243
Phone: 615-741-1383
Fax: 615-253-1223

JACKSON

TDLWD/WORKERS' COMPENSATION DIVISION
225 Dr. Martin L. King Jr. Drive
1st Floor, Suite 120, Box 26
Jackson, TN 38301-6985
Phone: 731-423-5646
Fax: 731-265-7022

MEMPHIS

TDLWD/WORKERS' COMPENSATION DIVISION
One Commerce Square
40 South Main Street, Suite 500
Memphis, TN 38103-1820
Phone: 901-543-6077
Fax: 901-543-6039