



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

COMBINED FORM I-10, FORM I-11, FORM I-12

NOTICE OF WAIVER OF WORKERS' COMPENSATION BENEFITS
FOR SPECIFIC MEDICAL CONDITIONS

I, _____, of _____
Printed name of Employee or prospective employee Business Name

Business Mailing Address Street Address (if different than mailing address)

_____ hereby give voluntary notice to the
City, State ZIP FEIN #

Bureau of Workers' Compensation of my waiver of compensation benefits for:

- 1. Injuries resulting from a Heart Condition (must provide medical records with this form)
- 2. Injuries resulting from an Occupational Disease: _____
Disease
- 3. Injuries resulting from Epilepsy.

I specifically waive any and all claims for workers' compensation benefits related to claims made by me or anyone else claiming on my behalf which may arise in the future.

Employee's Signature

Date

Social Security Number