

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

220 French Landing Drive

Nashville, Tennessee 37243-1002



It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

PERMANENT TOTAL DISABILITY FINAL ORDER

(MUST BE FILED WITH WORKERS' COMPENSATION WITHIN 30 DAYS OF ENTRY OF THE FINAL ORDER)

Claimant's Name: _____ (Please Print)

Address: _____

Phone Number: _____ Social Security #: _____

Date of Injury: _____ Date of Birth: _____

Insurer Claim Number: _____ State File #: _____

Style of Case: _____

Court/County: _____

Final Order Entry Date: _____ Docket Number: _____

Benefits awarded: (Employer) _____ (%) (Second Injury Fund) _____ (%)

Employer: _____ Insurer: _____

Address: _____ Address: _____

Employer/Carrier/Defense Attorney: _____ BPR# _____

Employee Attorney: _____ BPR# _____

Submitted by: _____ Date: _____ (Please Print)