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**PETITION FOR BENEFIT DETERMINATION  
SETTLEMENT APPROVAL ONLY**

Tennessee Bureau of Workers' Compensation  
Court of Workers' Compensation Claims  
www.tn.gov/workforce/section/injuries-at-work

**Applies to injuries on or after July 1, 2014**

**For BWC Use Only**

Docket No. \_\_\_\_\_  
State File No. \_\_\_\_\_  
RFA No. \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
Prior PBD Filed:      Yes      No  
Assigned Judge: \_\_\_\_\_

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

**B)** Was This Case Mediated By Mediation and Ombudsman Services of Tennessee? **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 increased benefits from a 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 NO.:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**F) EMPLOYER'S NAME:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**EMPLOYER'S ATTORNEY:** \_\_\_\_\_ **BPR NO.:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**G) INSURANCE CARRIER:** \_\_\_\_\_

**THIRD PARTY ADMINISTRATOR:** \_\_\_\_\_ **CLAIM NO.:** \_\_\_\_\_

**ADJUSTER'S NAME:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DATES REQUESTED for APPROVAL:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If required by regional office)

**BY SIGNATURE BELOW, THE PARTIES REQUEST THAT THE COURT OF WORKERS' COMPENSATION CLAIMS  
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)