



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.

Preferred method:

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

[https://www.tn.gov/content/dam/tn/workforce/documents/injuries/bureau-services-forms/
Notification_of_Liasion_and_Adjuster_Names.xlsx](https://www.tn.gov/content/dam/tn/workforce/documents/injuries/bureau-services-forms/Notification_of_Liasion_and_Adjuster_Names.xlsx)

Alternatively, you may fill out this PDF online by continuing to the next page.



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OR SUPERVISING TENNESSEE WORKERS' COMPENSATION CLAIMS**

Email completed forms 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 _____

Adjuster Name _____

Adjuster Direct Phone # _____ Email _____

Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____