

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
Nashville, Tennessee 37243-0661

NOTICE OF FIRST PAYMENT OF COMPENSATION

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.

State File # \_\_\_\_\_

Claimant \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ FEIN # \_\_\_\_\_

Insurer \_\_\_\_\_ Insurer Claim# \_\_\_\_\_

Date of Injury \_\_\_\_\_ Date of Disability \_\_\_\_\_

(mailed)

Date of First Payment (delivered) \_\_\_\_\_ Amount of Payment \_\_\_\_\_

Compensation Payment From \_\_\_\_\_ To \_\_\_\_\_

Average Weekly Wage \_\_\_\_\_ Weekly Compensation Rate \_\_\_\_\_

Check Appropriate Box

- Temporary Total Disability Benefits
Temporary Partial Disability Benefits
Permanent Partial Disability Benefits
Permanent Total Disability Benefits
Death Benefits

This notice serves as certification of payment of workers' compensation benefits as above stated.

Insurer/Self Insurer/Claim Handler

Address

Address

Date