

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