CLAIMS & COVERAGE
FAX: (615) 532-5929

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKERS' COMPENSATION
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0661
1-800-332-2667
FAX NO. (615) 532-1468

BENEFIT REVIEW
FAX: (615) 532-5928

TO: **PARTIES REQUESTING WORKERS' COMPENSATION SEARCHES**

FROM: **COLLEEN CHERRY, WORKERS' COMPENSATION DIVISION**

SUBJECT: **UPDATE TO 6/21/2005 MEMO REGARDING DATA PROVIDED ON REQUEST FOR WORK HISTORY INFORMATION**

DATE: **06/29/2005**

UPDATE: After further review, the Division has determined that information regarding settlement of a workers' compensation claim can be released. The Division will resume releasing the impairment rating, body part and amount of settlement whenever this information is available.

§50-3-702(5)(b) The employer's first report of work injury records which are maintained by the division are confidential. After completing a standard authorization form which shall be provided by the division, an employee or an employee's attorney may obtain a copy of any report which concerns the employee's work injury. ***An employer may in writing inquire of the division to determine whether a job applicant has responded truthfully concerning any prior work injury.*** *Nothing contained within the provisions of this subsection shall be construed or implemented to alter or amend existing law pertaining to OSHA Form 300 reports. This section does not apply to a collective bargaining agent as certified by the national labor relations board.*

All requests must include the name of your company, the name and signature of your company's representative, the mailing address for the company for purposes of billing, the name of the employer that is requesting the information, and a phone and fax number to send back the results.

The charge of $10 per individual social security number will not be changed at this time. A monthly invoice listing all requests for that month will be mailed. Please send payments to the address at the top of the invoice with the check made out to Treasurer, State of Tennessee. Please mail payments along with a copy of the invoice or the invoice number and account number included on the check. Please pay invoices no later than thirty days from the date of the invoice.

If you have any questions regarding the changes please call Colleen Cherry at 615-253-1842. If you have questions regarding billing please call Lisa Moore at 615-532-9545.

Thank You

bjh

1-800-332-2667

REQUEST FOR WORK INJURY INFORMATION
Contact Colleen Cherry at (615)253-1842 for assistance.
Fax Request to (615) 532-1942

Date Sent: _____

Name of Firm: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Signature of Representative: _____

Acting as an Agent for: _____

NAME	SSN	CLAIM EXISTS?