ILLINOIS WORKERS' COMPENSATION COMMISSION
RATE ADJUSTMENT FUND AND SECOND INJURY FUND
ASSESSMENT TRANSMITTAL FORM
FOR 07/01/2019 – 12/31/2019
ASSESSMENT IS DUE BY MARCH 16, 2020

Company Name:	
Contact Person:	
Address 1:	
Address 2:	
City, State, Zip:	
Contact Email:	

SECTION 1. ASSESSMENT CALCULATION

Please submit a separate sheet for each subsidiary or division reported

FEIN CODE: **Company Name:**

FOR LINE A), Include ALL compensation payments made under the Illinois Workers' Compensation Act, whether by lump sum settlement or weekly/monthly compensation payments. Do not include hospital, surgical, or rehabilitation payments. For Insurance Companies, do not subtract Subrogation, and/or Reinsurance recoveries. For Self-Insured Companies, do not subtract Subrogation and/or Excess Workers' Compensation recoveries. If no compensation payments were made, enter 0 (zero) on Line A. Complete Section II, and return the form on or before the due date of March 16, 2020.

A)	**Total Gross compensation paid from 07/01/2019 through 12/31/2019:**	**$**
B)	**Rate Adjustment Fund (RAF) assessment rate: (this year is 1.25%)**	**X 0.0125**
C)	**RAF amount due (Line A x Line B):**	$ 0.00
D)	**Second Injury Fund (SIF) assessment rate: (this year is 0.0625%)**	**X 0.000625**
E)	**SIF amount due (Line A x Line D):**	**$** 0.00
F)	**Total amount due (Line C + Line E):**	**$** 0.00

Clear Section 1

Make assessment checks payable to:
Illinois Workers' Compensation Commission

Mail checks to:
Illinois Workers' Compensation Commission
Attn: Fiscal Office
100 W. Randolph St., Suite 8-316
Chicago, IL 60601

Disclosure of this information is required under Section 7(f) of 820 ILCS 305/7(f). Failure to provide information will result in a delinquency notice with penalties being issued.

SECTION II. AFFIDAVIT

An officer of the company must complete this section, and the signature must be notarized.

I, _____, being duly sworn on oath, depose and state that I have read this notice of assessment,
Name

that I am acquainted with the affairs of the employer, and that the representations and statements herein set forth are true in substance and fact.

By:

_____
Signature

_____
Title

_____
Company

_____
Company telephone and fax numbers

_____
Email address

Subscribed and sworn to before me at _____
City, State

this _____ day of _____ 202_.

_____
Notary Public

Print Clear All