

**ILLINOIS WORKERS' COMPENSATION COMMISSION  
RATE ADJUSTMENT FUND AND SECOND INJURY FUND  
ASSESSMENT TRANSMITTAL FORM  
FOR 01/01/2020 – 06/30/2020  
ASSESSMENT IS DUE BY SEPTEMBER 15, 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

<b>FEIN CODE:</b>	<b>Company Name:</b>	
<small>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, <u>do not subtract</u> Subrogation, and/or Reinsurance recoveries. For Self-Insured Companies, <u>do not subtract</u> 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 September 15, 2020.</small>		
<b>A)</b>	<b>Total Gross compensation paid from 01/01/2020 through 06/30/2020:</b>	<b>\$ _____</b>
<b>B)</b>	<b>Rate Adjustment Fund (RAF) assessment rate: (this year is 0.625%)</b>	<b><u>X</u> 0.00625</b>
<b>C)</b>	<b>RAF amount due (Line A x Line B):</b>	<b>\$ _____</b>
<b>D)</b>	<b>Second Injury Fund (SIF) assessment rate: (this year is 0.0625%)</b>	<b><u>X</u> 0.000625</b>
<b>E)</b>	<b>SIF amount due (Line A x Line D):</b>	<b>\$ _____</b>
<b>F)</b>	<b>Total amount due (Line C + Line E):</b>	<b>\$ _____</b>

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**

## 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