

ILLINOIS WORKERS' COMPENSATION COMMISSION
INJURED WORKERS' BENEFIT FUND:
REQUEST FOR BENEFITS AND AFFIDAVIT

Case # _____ WC _____

Employee/Petitioner

v.

Employer/Respondent

I, _____, duly swear:
Petitioner's name

The Injured Workers' Benefit Fund was joined with the employer as a respondent in this case.

On _____, the Commission awarded \$ _____ in benefits (excluding penalties and attorneys' fees). A copy of that document is attached.

The employer/respondent failed to obtain workers' compensation insurance coverage for this case.

I now ask the Commission to pay the benefits due from the Injured Workers' Benefit Fund.

Benefits paid to date by employer \$ _____ Unpaid benefits \$ _____

I understand that by accepting this compensation from the Illinois Workers' Benefit Fund, I will not receive any further monetary award from the Illinois Workers' Benefit Fund for this case.

Petitioner's signature

Date

Petitioner's mailing address

Social Security Number (required)

Subscribed and sworn to before me

on _____

Notary Public