



**ILLINOIS WORKERS' COMPENSATION COMMISSION  
SELF-INSURER'S ESCROW AGREEMENT  
AMENDMENT**

To be attached to and form a part of the Self-Insurer's Escrow Agreement

Trust No. \_\_\_\_\_

Executed by \_\_\_\_\_, as Employer,

and by \_\_\_\_\_, as Escrow Agent,

in favor of: Illinois Workers' Compensation Commission, as Oblige.

In consideration of the mutual agreements herein contained the Employer and Escrow Agent hereby agree to the following changes:

Change Name From: \_\_\_\_\_

To: \_\_\_\_\_

Change Amount From: \_\_\_\_\_ To: \_\_\_\_\_

Addition (A) and Deletion (D) of Employer

Nothing contained herein shall vary, alter, or extend any provision or condition of the Escrow Agreement except as expressly stated.

**EMPLOYER CORPORATE SEAL**

**BANK CORPORATE SEAL**

\_\_\_\_\_  
Signature of Employer's representative Date

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Signature of Escrow Agent's representative Date

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Signature of Attestant Date

\_\_\_\_\_  
Name and title