



# Illinois Workers' Compensation Commission

100 W. Randolph St., Suite 8-200  
Chicago, IL 60601  
312-814-6500

*JB Pritzker, Governor*

*Michael J. Brennan, Chairman*

TO: All Current and Former Self-insured Employers  
FROM: Maria Sarli-Dehlin, Office of Self-Insurance Manager  
RE: **SELF-INSURERS SECURITY FUND ASSESSMENT**  
DATE: October 11, 2019

You are hereby notified that pursuant to the Illinois Workers' Compensation Act (Illinois Compiled Statutes 305/4a-7) an assessment for the Self-Insurers Security Fund is being issued so that the Self-Insurers Advisory Board may carry out its statutory mandate under the Act to assure the continued payment of benefits to employees of insolvent self-insured employers.

The Self-Insurers Advisory Board has directed that all self-insured employers in the State of Illinois pay an assessment into the Self-Insurers Security Fund by **November 15, 2019**.

**PLEASE NOTE THE ASSESSMENT RATE IS .6%.**

The assessment is based on compensation payments made from **January 1, 2018 through December 31, 2018**. The method for calculating the assessment is set forth in the attached assessment form. Said form or a copy must be signed by a company officer attesting to the accuracy of the information on the form, notarized, and returned whether or not a payment is due.

Please make assessment checks payable to: **Illinois Workers' Compensation Commission**

Mail checks and assessment forms to: **Illinois Workers' Compensation Commission  
Attn: Office of Self-Insurance  
100 W. Randolph St., Suite 8-321  
Chicago, IL 60601**

Please note that the last Security Fund assessment was issued January 2016. If you have any questions regarding the assessment, please contact me at (312) 814-6065 or [maria.dehlin@illinois.gov](mailto:maria.dehlin@illinois.gov).

**FORMER SELF-INSURED EMPLOYERS AND SUBSIDIARIES:** You are still required to file a report and pay an assessment based on compensation payments you made during the period (1/1/2018 - 12/31/2018) for claims incurred during the self-insurance period. If all claims are closed and the statute of limitations has expired, please contact the Office of Self-Insurance to stop future assessments.

For information regarding assessments, check our webpage:  
<https://www2.illinois.gov/sites/iwcc/resources/Pages/funds.aspx>

ILLINOIS WORKERS' COMPENSATION COMMISSION  
ASSESSMENT TRANSMITTAL FORM  
FOR 1/1/2018 • 12/31/2018

SELF-INSURERS SECURITY FUND

Contact Person:

Company Name:

Address 1:

Address 2:

City, State, Zip:

Self-Insurance Effective Date:

Self-Insurance Termination Date:

Federal Employer Identification Number:

DIRECTIONS

1. LINE A: TOTAL COMPENSATION PAYMENTS PAID FROM 1/1/2018 THROUGH 12/31/2018.

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. Do not subtract subrogation recoveries and/or excess insurance refunds when calculating compensation payments.

2. LINE C: Multiply amount on Line A by Line B (Assessment Rate) and enter amount.

3. Make check payable to "Illinois Workers' Compensation Commission"

**ASSESSMENT IS DUE BY NOVEMBER 15, 2019**

4. If no compensation payments were made, enter 0 (zero) on Line A and complete the remainder of the form.

5. Complete Section II of the report if you want to combine and report for multiple self-insured entities.

6. The affidavit (Section III) must be completed by a company officer and must be notarized.

7. Mail transmittal form with payment to: **ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**Office of Self-Insurance**  
**100 W. Randolph St., Suite 8-321**  
**Chicago, IL 60601**

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**SECTION I. ASSESSMENT CALCULATION SHEET**

**A) Total Compensation Payments Paid From 1/1/2018 to 12/31/2018:** \$ \_\_\_\_\_

DO NOT INCLUDE HOSPITAL, SURGICAL OR REHAAILITATION PAYMENTS. DO NOT SUBTRACT SUBROGATION RECOVERIES AND/OR EXCESS INSURANCE REFUNDS WHEN CALCULATING COMPENSATION PAYMENTS.

**B) SELF-INSURERS SECURITY FUND Assessment Rate** X .006

**C) Total Amount Due: LINE A x LINE B** \_\_\_\_\_  
**(Make check payable to "Illinois Workers' Compensation Commission")** \$ \_\_\_\_\_

