



Illinois Workers' Compensation Commission

69 W. Washington St., Suite 900
Chicago, IL 60602
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: July 21, 2021

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 **August 31, 2021.**

PLEASE NOTE THE ASSESSMENT RATE IS .6%.

The assessment is based on compensation payments made from **January 1, 2020 through December 31, 2020.** 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
69 W. Washington St., Suite 900
Chicago, IL 60602**

Please note that the last Security Fund assessment was issued October 2019. If you have any questions regarding the assessment, please contact me at (312) 814-6065 or 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 (1/1/2020 - 12/31/2020) 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 1/1/2020 • 12/31/2020 PERIOD

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 MAID FROM 1/1/2020 THROUGH 12/31/2020.

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 AUGUST 31, 2021

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
69 W. Washington St., Suite 900
Chicago, IL 60602

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SECTION I. ASSESSMENT CALCULATION SHEET

A) Total Compensation Payments Made From 1/1/2020 to 12/31/2020: \$ _____

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") \$ _____

SECTION II. REPORTING MULTIPLE ENTITIES

Please complete this section only if multiple entities (parent and/or subsidiaries) are included in this report.

<u>Subsidiary</u>	<u>FEIN</u>	<u>Compensation Payments</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheet if necessary

SECTION III. 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, 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 Name

Federal Employer Identification Number

Phone Number

Email Address

Subscribed and sworn to before me at _____

City, State

this _____ day of _____ 2021.

Notary Public