

**ILLINOIS WORKERS' COMPENSATION COMMISSION
 RATE ADJUSTMENT FUND AND SECOND INJURY FUND
 ASSESSMENT TRANSMITTAL FORM
 FOR 07/01/2015 – 12/31/2015
 ASSESSMENT IS DUE BY March 15, 2016**

Company Name: _____
 Address 1: _____
 Address 2: _____
 City, State, Zip: _____
 Contact Person: _____
 Contact Person Email: _____
 Contact Person Phone: _____

SECTION 1. ASSESSMENT CALCULATION

Please submit a separate sheet for each subsidiary or division reported

A) Total compensation paid from 07/01/2015 through 12/31/2015	
FEIN CODE: _____ Company Name: _____	
Include ALL compensation payments made under the Illinois Workers' Compensation Act, whether by lump sum settlement or weekly compensation payments. Do not include hospital, surgical, or rehabilitation payments. Do not subtract subrogation recovery or refunds when calculating compensation payments. If no compensation payments were made, enter 0 (zero) on Line A, complete Section II, and return the form.	\$ _____
B) Rate Adjustment Fund (RAF) assessment rate:	<input checked="" type="checkbox"/> 0.00625
C) RAF amount due (<u>Line A</u> x <u>Line B</u>):	\$ _____
D) Second Injury Fund (SIF) assessment rate:	<input checked="" type="checkbox"/> 0.000625
E) SIF amount due (<u>Line A</u> x <u>Line D</u>):	\$ _____
F) Total amount due (<u>Line C</u> + <u>Line E</u>):	\$ _____

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

Disclosure of this information is required under Section 7(f) of 820 ILCS 305/7(f). Failure to provide information will result in a delinquency notice with penalties being issued.

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 _____ 2015.

Notary Public