

**ILLINOIS WORKERS' COMPENSATION COMMISSION
 RATE ADJUSTMENT FUND AND SECOND INJURY FUND
 ASSESSMENT TRANSMITTAL FORM
 FOR 01/01/2016 – 06/30/2016
 ASSESSMENT IS DUE BY September 15, 2016**

Company Name: _____
 Contact Person: _____
 Address 1: _____
 Address 2: _____
 City, State, Zip: _____
 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 01/01/2016 through 06/30/2016	
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:	X 0.0125
C) RAF amount due (Line A x Line B):	\$ _____
D) Second Injury Fund (SIF) assessment rate:	X 0.00125
E) SIF amount due (Line A x Line D):	\$ _____
F) Total amount due (Line C + Line E):	\$ _____

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 _____ 2016.

Notary Public