



Illinois Workers' Compensation Commission

Illinois Workers' Compensation Commission

100 W. Randolph, Suite 8-200

Chicago, IL 60601

312-814-6500

Bruce Rauner, Governor

Joann Fratianni, Chairman

04/07/2016

Case Number:

You may be eligible to receive cost-of-living payments from the Rate Adjustment Fund (RAF) under the Illinois Workers' Compensation Act.

You are only eligible if:

1. You currently receive PTD benefits under the Workers' Compensation Act; and
2. You have not settled your case for a lump sum payment.

If you believe you are eligible for RAF benefits, you must:

1. Complete the enclosed affidavit; **and**
2. Have the affidavit notarized by a Notary Public; and

PLEASE NOTE: You must sign the affidavit in front of the Notary Public and have the Notary complete the bottom portion of the affidavit. You must provide the Notary Public with two pieces of identification; at least one showing your current address.

3. Provide a copy of your most recent workers' compensation benefit check or notice of direct deposit from the employee or its insurance company; and
4. Make a copy of your completed affidavit to keep for your files; and
5. Mail the notarized affidavit and copy of your most recent workers' compensation benefit check or notice of deposit to the following address:

Rate Adjustment Fund
Attn: Michael Arnold
Illinois Workers' Compensation Commission
100 W. Randolph, Suite 8-200
Chicago, IL 60601

THESE DOCUMENTS MUST BE RECEIVED BY April 15, 2016. Once these documents are received, the Commission will determine your eligibility to receive RAF payments under the Workers' Compensation Act.

For information about RAF benefit eligibility, please email Michael Arnold at Michael.Arnold@illinois.gov or call at (312) 814-2857. For questions about **RAF payments**, please email Kelly Hancock, RAF Coordinator, at Kelly.D.Hancock@illinois.gov or call at (312) 814-1606.

Sincerely,

A handwritten signature in blue ink that reads "Michael Arnold".

Michael Arnold, Deputy General Counsel

ILLINOIS WORKERS' COMPENSATION COMMISSION
AFFIDAVIT FOR RATE ADJUSTMENT FUND PAYMENTS
PERMANENT TOTAL DISABILITY CASE

Newly Eligible Fiscal Year 2017

Case Number:

I, _____ being duly sworn on oath, depose and state:
Name of payee

My legal address (where I can receive notices and personal information) is as follows:

Address _____
(Street Address)

(City, State, Zip Code)

Telephone _____ E-Mail _____

Social Security # _____ Date of birth _____

Please check the boxes to affirm each of the statements below:

I am the person determined to be eligible for workers' compensation permanent total disability benefits in this case.

I have enclosed a copy of my most recent benefit check or notice of direct deposit
from my employer or insurance company. **(NOT MY RAF CHECK OR DEPOSIT):**

I receive my benefit checks weekly

I receive my benefit checks every two weeks

I receive my benefit checks monthly

Other (Please explain) _____

I am aware that I should inform the Workers' Compensation Commission if my legal address changes.

I am aware that I should notify Michael Arnold if I enter into a lump sum settlement.

I am aware that any person who willfully signs this affidavit containing false or inaccurate information may be guilty
of perjury and/or fraud, and subject to punishment as prescribed by law.

Signature of payee

Signed and sworn to before me on _____

Notary Public