Illinois Workers' Compensation Commission

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

Pat Quinn, Governor *Mitch Weisz, Chairman*

TO: All Current and Former Self-insured Employers

FROM: Maria Sarli-Dehlin, Office of Self-Insurance Manager

RE: SELF-INSURERS SECURITY FUND - 2011 ASSESSMENT

DATE: October 1, 2012

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 made so that the Self-Insurers Advisory Board may continue to carry out its statutory mandate under the Act, to assure the continued payment of benefits to employees of insolvent self-insured employers.

Section 305/4a-7 states in part: "In no event shall a private self-insurer be assessed at one time in excess of .6% of the compensation paid by that private self-insurer during the previous calendar year for claims incurred as a self-insurer. Total assessments against it in any calendar year shall not exceed 1.2% of the compensation it has paid during the previous calendar year as a self-insurer for claims incurred."

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 1, 2012.**

PLEASE NOTE THE RATE FOR THIS ASSESSMENT IS .5%.

The assessment is based on all compensation payments made from **January 1, 2011 through December 31, 2011**. The method for calculating the assessment is set forth in the attached transmittal form. Said transmittal form, or a copy thereof, including the affidavit, must be completed attesting to the accuracy of the information on the form and returned whether or not a payment is due.

The assessment payment should be made payable to the **Illinois Workers' Compensation Commission** and forwarded to the Illinois Workers' Compensation Commission-Office of Self-Insurance.

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 base period (1/1/2011-12/31/2011) 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.

ILLINOIS WORKERS' COMPENSATION COMMISSION
ASSESSMENT TRANSMITTAL FORM
FOR 1/1/2011 - 12/31/2011

SELF-INSURERS SECURITY FUND

Please Show Changes Here

SI EFFECTIVE DATE:
SI TERMINATION DATE:

DIRECTIONS

1. LINE A: **TOTAL COMPENSATION PAYMENTS PAID FROM 1/1/2011 THROUGH 12/31/2011.**
   Include **ALL** compensation payments made under the Illinois Workers' Compensation Act, whether by lump 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.** Note: Illinois Workers' Compensation Act 820 ILCS 305/7(f) provides compensation payments include those made both under the Workers' Compensation Act and Workers' Occupational Diseases Act.

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 1, 2012

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

5. Complete Section II if your report includes more than one entity.

6. The affidavit (Section III) **must** be completed by an officer of the Company and must be notarized.

7. Mail transmittal form with payment to: **ILLINOIS WORKERS' COMPENSATION COMMISSION**
   Office of Self-Insurance
   100 W. Randolph St., Suite 8-130
   Chicago, IL 60601

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SECTION I. ASSESSMENT CALCULATION SHEET

A) Total Compensation Payments Paid From 1/1/2011 to 12/31/2011: $ _____
DO NOT INCLUDE HOSPITAL, SURGICAL OR REHABILITATION PAYMENTS.
DO NOT SUBTRACT SUBROGATION RECOVERY OR REFUNDS WHEN CALCULATING ALL COMPENSATION PAYMENTS.

B) SELF-INSURERS SECURITY FUND Assessment Rate x .005 .005

C) Total Amount Due: LINE A x LINE B
(Make check payable to "Illinois Workers' Compensation Commission") $ $0.00

SECTION II. REPORTING MULTIPLE ENTITIES

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

Subsidiary/ Division	FEIN	Compensation Payments
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

Attach additional sheet if necessary

SECTION III. AFFIDAVIT

An officer of the company must complete this section and the signature must be notarized.

I, _____(Name) , 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 _____2012.

_____
Notary Public

Disclosure of information is REQUIRED to accomplish the statutory purpose as outlined under Chapter 820 ILCS 305. Failure to provide information may result in a judgment. SISF IL 563-Sep 2012