



# Illinois Workers' Compensation Commission

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

*Bruce Rauner, Governor*

*Joann M. Fratianne, 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: January 15, 2016

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 **February 26, 2016**.

**PLEASE NOTE THE RATE FOR THE ASSESSMENT IS .6%.**

The assessment is based on compensation payments made from **January 1, 2015 through December 31, 2015**. The method for calculating the assessment is set forth in the attached assessment 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.

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.  
100 W. Randolph St., Suite 8-321  
Chicago, IL 60601**

If you have any questions regarding the assessment, please contact me at (312)814-6065 or [maria.dehlin@Illinois.gov](mailto: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 (1/1/2015-12/31/2015) 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.

For information regarding assessments, check our webpage at [www.iwcc.il.gov](http://www.iwcc.il.gov) and select the "Assessments" link.

ILLINOIS WORKERS' COMPENSATION COMMISSION  
ASSESSMENT TRANSMITTAL FORM  
FOR 1/1/2015 - 12/31/2015

SELF-INSURERS SECURITY FUND

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Please Show Changes Here

Self-Insurance Effective Date:  
Self-Insurance Termination Date:

Federal Employer Identification Number:

DIRECTIONS

1. LINE A: **TOTAL COMPENSATION PAYMENTS PAID FROM 1/1/2015 THROUGH 12/31/2015.**  
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. 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 FEBRUARY 26, 2016

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 1/1/2015 to 12/31/2015:	\$	_____
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	.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/divisions) are included in this report.

<u>Subsidiary/ Division</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, \_\_\_\_\_ (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

\_\_\_\_\_ Federal Employer Identification Number  
Company Name

\_\_\_\_\_ Email Address  
Phone Number

Subscribed and sworn to before me at \_\_\_\_\_  
City, State

this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

\_\_\_\_\_  
Notary Public