



# Illinois Workers' Compensation Commission

Illinois Workers' Compensation Commission  
100 W. Randolph, Suite 8-200  
Chicago, IL 60601  
312-814-6500

*Pat Quinn, Governor*

*Michael Latz, Chairman*

06/04/2014

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. 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: Barbara Bentivenga**  
**Illinois Workers' Compensation Commission**  
**100 W. Randolph, Suite 8-200**  
**Chicago, IL 60601**

THESE DOCUMENTS MUST BE RECEIVED BY JUNE 15, 2014. 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 Barbara Bentivenga at [Barbara.Bentivenga@illinois.gov](mailto:Barbara.Bentivenga@illinois.gov) or call at (312) 814-5990. For questions about **RAF payments**, please email Robert Kern, RAF Coordinator, at [Robert.Kern@illinois.gov](mailto:Robert.Kern@illinois.gov) or call at (312) 814-1647.

Sincerely,

A handwritten signature in cursive script that reads "Barbara A. Bentivenga".

Barbara Bentivenga, Special Funds Counsel

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

Newly Eligible Fiscal Year 2015

Case Number: \_\_\_\_\_

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

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 not received a lump sum settlement in this case.

PLEASE NOTE: If you have entered into a settlement contract for this case, please send us a copy. If you do not have a copy, please provide your lawyer's contact information so we can obtain a copy.

I have enclosed a copy of my most recent benefit check or notice of direct deposit. My award provided that my employer pays \_\_\_\_\_ as a weekly benefit. My benefit check amount is different from my benefit amount because (explain):

\_\_\_\_\_  
\_\_\_\_\_

3. 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 \_\_\_\_\_

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

I am aware that any person who willfully signs this affidavit containing false or inaccurate information shall 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