



Illinois Workers' Compensation Commission

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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 you are:

1. The surviving spouse of the deceased and have not remarried; and/or
2. The legal guardian of the deceased's child who was under the age of 18 at the time of death; or
3. The legal guardian of, and/or the surviving child of the deceased who was under the age of 18 at the time of death, and who is currently between 18 and 25 years old, and is enrolled as a full time student at an accredited educational institution; or
4. The legal guardian of the deceased's child who was disabled at the time of death and who remains disabled.

If you believe you are eligible for RAF payments based on the above statements, you must:

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

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. If a child is between the ages of 18 and 25 and a full-time student, enclose a copy of a current school transcript; and
4. Provide a copy of your most recent workers' compensation benefit check or notice of direct deposit from the employer or its insurance company; and
5. Make a copy of your completed affidavit to keep for your files; and
6. Mail the notarized affidavit, the copy of your most recent workers' compensation benefit check or current notice of direct deposit and school transcript (if applicable) 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: FATALITY 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 _____

Telephone _____ E-Mail _____

Social Security Number: _____ 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 fatality benefits in this case for the reason(s) checked below.

I am the surviving spouse and/or

I am the legal guardian of the following children determined to be eligible for benefits:

Name	Date of birth	Social Security #	(1) Under 18 at at death	(2) In school	(3) Disabled
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I am an eligible child between 18 and 25 years old, a full-time student at an accredited educational institution and have attached a copy of my current transcript

I continue to be eligible to receive workers' compensation benefits for this case. I have enclosed a copy of my most recent benefit check or notice of direct deposi 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 week

I receive my benefit checks monthly

Other (Please explain) _____

I have not remarried.

I have remarried. PLEASE NOTE: if you have remarried, please send us a copy of your marriage license.

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