



# Illinois Workers' Compensation Commission

Illinois Workers' Compensation Commission  
69 W. Washington St., Suite 900  
Chicago, IL 60602  
312-814-6500

JB Pritzker, Governor

Michael J. Brennan, Chairman

To Whom It May Concern:

**This is your ANNUAL Rate Adjustment Fund Affidavit. You must complete this Affidavit every year for IWCC to determine if you are eligible to continue receiving RAF benefits.**

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.

For IWCC to process your RAF payments, you must:

1. Complete the enclosed Affidavit; **and**
2. Have the enclosed affidavit notarized by a Notary Public; **and**  
**NOTE:** You must sign this 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 (Do NOT send a copy of your RAF check or Deposit)**  
(Acceptable Docs: a photocopy of the check and/or check stub or a bank statement or signed banker letter showing direct deposit)
5. Make a copy of your completed affidavit to keep for your files; **and**
6. Return 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 IWCC by one of the following:

**By Mail**

Rate Adjustment Fund  
Attn: Cole D Garrett  
IL Workers' Compensation Commission  
69 W. Washington St., Suite 900  
Chicago, IL 60602

OR

**Scan and E-Mail all documents to:**

[Cole.Garrett@illinois.gov](mailto:Cole.Garrett@illinois.gov)

Once these documents are received, the Commission will determine your eligibility to receive RAF payments under the Workers' Compensation Act.

**For questions about RAF payments:**  
**For questions about RAF eligibility:**  
**To sign up for direct deposit:**

email Tayra Brooks at [Tayra.Brooks@illinois.gov](mailto:Tayra.Brooks@illinois.gov) or call (312) 814-1606.  
email Cole D. Garrett at [Cole.Garrett@illinois.gov](mailto:Cole.Garrett@illinois.gov) or call at (312) 814-6620.  
call the Illinois Office of the Comptroller at (217) 557-0930.

Sincerely,

Cole D. Garrett, Deputy General Counsel

**ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**AFFIDAVIT FOR RATE ADJUSTMENT FUND PAYMENTS: FATALITY CASE**

Existing Fiscal Year 2022

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

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 appropriate boxes and provide the required information 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 #	Under 18?	In School?	Disabled?
_____	_____	XXX - XX - _____	Y / N	Y / N	Y / N
_____	_____	XXX - XX - _____	Y / N	Y / N	Y / N

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, check stub, or evidence of direct deposit. **Not my RAF check or Deposit**

I receive my benefit checks (check one):

Weekly

Every 2 weeks

Monthly

Every 4 weeks

Other (Please explain) \_\_\_\_\_

I have not remarried.

I have remarried. Please provide the date and year you remarried \_\_\_\_\_ (we do not need a copy of your marriage license)

By my signature below, I affirm and state that I have read and understood and affirm each and all the following:

1. I am aware that I should inform the Workers' Compensation Commission if my legal address changes.
2. I am aware that I should notify Cole D. Garrett if I enter into a lump sum settlement.
3. I have completed this Affidavit to the best of my knowledge, and 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 \_\_\_\_\_  
(Date)

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