

**ILLINOIS WORKERS' COMPENSATION COMMISSION
 RATE ADJUSTMENT FUND AND SECOND INJURY FUND
 ASSESSMENT TRANSMITTAL FORM
 FOR 07/01/2022 – 12/31/2022
 ASSESSMENT IS DUE BY MARCH 15, 2023***

***YOU MUST COMPLETE AND SUBMIT THIS ASSESSMENT
 THROUGH OUR ONLINE PORTAL:
<http://iwccsip.dynamics365portals.us/>**

Company Name: _____
 Contact Person: _____
 Address 1: _____
 Address 2: _____
 City, State, Zip: _____
 Email/Phone: _____

Complete all Sections below and return the form on or before the due date of 03/15/2023.

SECTION 1. ASSESSMENT CALCULATION

FEIN CODE:	Company Name:	
<p>For line A), Include ALL compensation payments made under the Illinois Workers' Compensation Act, whether by lump sum settlement or weekly/monthly compensation payments. Do not include hospital, surgical, or rehabilitation payments. For Insurance Companies, do not subtract Subrogation, and/or Reinsurance recoveries. For Self-Insured Companies, do not subtract Subrogation and/or Excess Workers' Compensation recoveries. If no compensation payments were made, enter 0 (zero).</p>		
A) Total Gross compensation paid from 07/01/2022 through 12/31/2022:		\$ _____
B) Rate Adjustment Fund (RAF) assessment rate: (this year is 1.25%)		<u>X 0.0125</u>
C) RAF amount due (Line A x Line B):		\$ _____
D) Second Injury Fund (SIF) assessment rate: (this year is 0.0625%)		<u>X 0.000625</u>
E) SIF amount due (Line A x Line D):		\$ _____
F) Total amount due (Line C + Line E):		\$ _____

Make assessment checks payable to:
Illinois Workers' Compensation Commission

Include the following in the check memo:
RAF/SIF 2022-2

Mail checks to:
**Illinois Workers' Compensation Commission
 Attn: Fiscal Office
 69 W Washington St., Suite 900
 Chicago, IL 60602**

SECTION II. AFFIDAVIT

I, _____ (Name), by my signature below, do hereby 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.

Signature and Date

Title

Company

Company telephone and fax numbers

Email address

Subscribed and sworn to before me at _____

City, State

this _____ day of _____ 20____.

Notary Public