



**ILLINOIS WORKERS' COMPENSATION COMMISSION
PUBLIC EMPLOYER'S ELECTION TO SELF-INSURE**

Pursuant to 745 ILCS10/9-103, a local public entity may insure itself under the Illinois Workers' Compensation and Occupational Diseases Acts. Every January 1st, within 30 days, the entity shall file with the Illinois Workers' Compensation Commission a report indicating its election to self-insure. This form serves as that report. Please mail to: Fiscal Office, Illinois Workers' Compensation Commission, 69 West Washington, Suite 900, Chicago, IL 60602.

1. LIST THE EMPLOYER REPRESENTATIVE FOR WORKERS' COMPENSATION SELF-INSURANCE. THIS PERSON WILL RECEIVE INFORMATION REGARDING ASSESSMENTS FOR THE SECOND INJURY AND RATE ADJUSTMENT FUNDS.			
Name		Title	
Employer name			
Address			
Telephone		Fax	
E-mail address			
Website			
2. EMPLOYER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)			
3. ARE YOU A MEMBER OF AN INTERGOVERNMENTAL RISK POOL? If so, please identify it.			
4. NATURE OF ORGANIZATION			
5. DATE OF COMMENCEMENT OF OPERATION IN ILLINOIS			
6. DATE OF SELF-INSURANCE			

Signature of employer representative

Date