



**ILLINOIS WORKERS' COMPENSATION COMMISSION
SELF-INSURER'S ESCROW AGREEMENT
AMENDMENT**

To be attached to and form a part of the Self-Insurer's Escrow Agreement

Trust No. _____

Executed by _____, as Employer,

and by _____, as Escrow Agent,

in favor of: Illinois Workers' Compensation Commission, as Obligee.

In consideration of the mutual agreements herein contained the Employer and Escrow Agent hereby agree to the following changes:

Change Name From: _____

To: _____

Change Amount From: _____ To: _____

Addition (A) and Deletion (D) of Employer

Nothing contained herein shall vary, alter, or extend any provision or condition of the Escrow Agreement except as expressly stated.

EMPLOYER CORPORATE SEAL

BANK CORPORATE SEAL

Signature of Employer's representative Date

Name and title

Signature of Escrow Agent's representative Date

Name and title

Signature of Attestant Date

Name and title