

Welcome to the IWCC Public Portal for Self-Insurance and Assessments



Please register a new company or sign in above

Self-Insurance Plus (SIP)

Training Manual

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I. Portal User Pointers

A. Helpful Pointers for Self-Insurance Plus

1. SIP works best with a Chrome or Edge web browser.
2. For Company Admins, make sure when setting up company contacts that you add individuals from your company who will be using SIP regularly and those who will serve as backups to the primary users.
 - a) Note: All company contacts will have access to all documents submitted to the system and correspondence from the IWCC. Contact the IWCC at wcc.selfinsurance@illinois.gov if the company contact should only see *Assessment* information.
3. Keywords may be used by utilizing the wildcard character (*) when the user is not sure about the spelling or format of the application or assessment needed. For example, if you want to find information containing the word *West*, format the search as follows: *West* and click search.
4. If you are a contact working with multiple companies in the SIP portal (ABC Company and XYZ Company), contact the IWCC at wcc.selfinsurance@illinois.gov to properly set up your account. The email message should state that you need to be a *Multi-Company Contact* in SIP.

Use of the registration link on the Portal page is only for initial online registration of a Company Contact representing either:

- A. A company not currently Self-Insured and initiating the process of applying for Private Self-Insured Employer certification for the Self-Insurance privilege, or
- B. A company not already registered with the IWCC as an Insurance Company, Local Public Entity, or Pools-Group WC/Intergovernmental/Not for Profit Company to comply with IWCC Assessment requirements to receive and pay IWCC assessments.

The registration of ALL other Company Contacts is initiated by a registered SIP Company Administrator or IWCC staff. If you have any doubt about the advisability of using the Registration link, please contact the IWCC at wcc.selfinsurance@illinois.gov.

5. To register for SIP, click the *Register a new company* button in the top right corner. If you try to register an email address and get an error message stating the email already exists in Okta, contact the IWCC at wcc.selfinsurance@illinois.gov for assistance or click the *Contact Us* link at the bottom of the SIP homepage. For additional information on the *Registration* process, see the [Self-Insurance Plus Registration Manual](#) on the IWCC website.
6. Non-self-insured companies will not be able to add subsidiaries or affiliates from the portal. Contact the IWCC via email at wcc.selfinsurance@illinois.gov for assistance. Include the *Company Name, Street Address, City, State, Zip Code, FEIN, and the Company type (Insurance Company, Local Public Entity, or Pools-Group WC/Intergovernmental/Not-For-Profit)* so the IWCC can add the correct subsidiary/affiliate information into your profile. You may also click the *Contact Us* link at the bottom of the SIP homepage.

7. To stay up to date on self-insurance information from the IWCC, click the *Help* link at the bottom of the SIP homepage. This link takes you to the IWCC’s Self-Insurance information page. For accessing information on making payments online, click the *ePay* button. To go to the IWCC homepage, click on ©IWCC. Clicking the *Terms & Conditions* link provides the terms upon which you agree to use the SIP portal.



Register a new company
|
Sign in

Welcome to the IWCC Public Portal for Self-Insurance and Assessments



Please register a new company or sign in above

[Contact Us](#)
|
[Help](#)
|
[ePAY](#)

[Terms & Conditions](#)
|


8. Columns listed in a grid are sortable. For example, on the *Assessment* tab, the screenshot below has multiple RAF/SIF Assessments. By clicking on the *Year* column, you can sort the list. To sort in reverse order, click the year again. The same goes for all columns in blue.

RAF/SIF Assessments - Current -
Search Assessments

Year ↓	Account	Assessment From	Assessment to	Assessment due	Indemnity Paid 6 Months
2023-2	Fred's Farm Store	1/1/2023	6/30/2023	8/31/2023	\$3,500,000.00
2023	Fred's Farm Store	1/1/2023	6/30/2023	7/31/2023	
2023	Daisy's Dandelions	1/1/2023	6/30/2023	7/31/2023	
2023	Theresa's Tree Company	1/1/2023	6/30/2023	7/31/2023	\$3,500,000.00

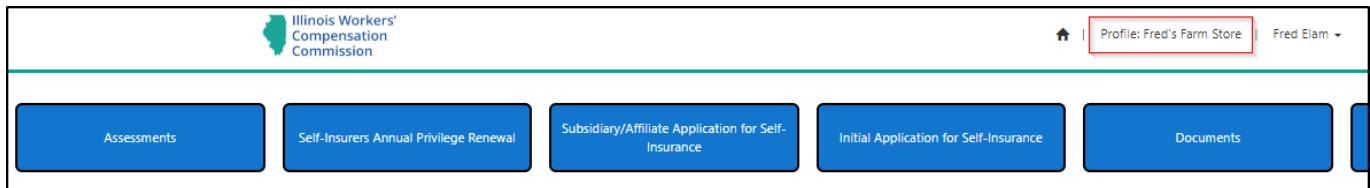
II. Multi-Company Contacts and Default Profiles

A. Multi-Company Contacts

1. Any Contact with the *Multi-Company Responsibility* must be linked to more than one primary company (Profile) within SIP.

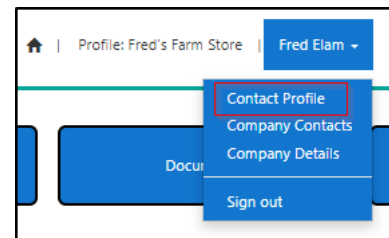
a) *Multi-company contacts* can be assigned to a Profile as a *Primary Contact* or *Secondary Contact*, but not both, and/or an *Assessment Contact*. For example, Fred Elam is a *Multi-Company Contact* for Fred's Farm Store and Quality Equipment Rentals, so his Web Role is *SI Company Admin* because he is expected to engage in taking care of all Self-Insurance and Assessment Contact activities.

b) As a *Multi-Company Contact*, when Fred logs into SIP, particular attention should be paid to the Profile he used the last time he was in the SIP Portal. This is the *Default Profile*. Upon entering SIP, notice the *Profile* in the top right corner of the SIP screen. This displays the profile Fred had when last in SIP.



B. Default Profile

1. To change the *Default Profile* to another profile, click the down arrow next to the name and select *Contact Profile*.
2. The *Contact Profile* window opens and details the contact's information in SIP. Down close to the bottom of the screen is the *Company Profiles* information. Notice two Profiles are listed: Fred's Farm Store and Quality Equipment Rentals (see screenshot).

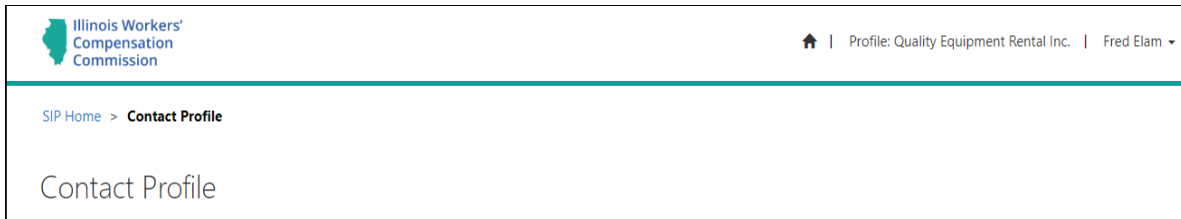


Company Name *		
Fred's Farm Store		
Title *		
CEO		
Phone *	Phone Extension	Mobile Phone
(217) 554-7525		
Email *		
mcdfad1+FredElam@gmail.com		
Street Address 1 *		Street Address 2
514 North 7th Street		
City *	State *	Zip *
Springfield	IL	60629
Company Profiles		
Profile ↑		
Fred's Farm Store		▼
Quality Equipment Rental Inc.		▼

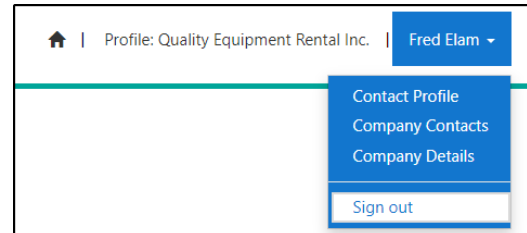
3. Fred can change the default profile. Click the down arrow next to the new default company. Click *Change Profile*.

Company Profiles	
Profile ↑	
Fred's Farm Store	▼
Quality Equipment Rental Inc.	▼
Change Profile	

4. Click the *Change Profile* button and the profile information at the top of the screen reflects the newly selected Profile.



5. Fred can click the home button at the top right of the screen, go back to the logged-in home screen, and perform any tasks within the system for the default Profile.



a) The default profile can be changed back by repeating the previous steps.

b) When Fred is finished in SIP, he clicks the *sign out* button and is logged out.

NOTE: You have the option to utilize the *Multi-Company Contacts* method, or you may choose to have a separate email address for each company in which you do business. Either option is an acceptable process for your business.

III. Introduction to Self-Insurance Plus (SIP)

SIP is the Illinois Workers' Compensation Commission's electronic web portal for submitting initial applications, sub applications, and renewal applications, as well as assessments, and more! The portal requires you to register in the system, create a password to keep your information secure, and create an Okta account with multi-factor authentication.

The SIP portal is designed for a variety of functions. Companies requesting the self-insurance privilege can utilize the SIP portal for:

- Initial Application: file a new application for self-insurance.
- Sub Application: add a subsidiary or affiliate to an existing approved application.
- Renewal Application: renew your application for self-insurance.
- Documents: provides the ability to upload documents to the IWCC electronically.
- Company Certificates: manage SIP certificates of coverage electronically.
- Non-SI Companies can use SIP for managing their *Assessments*. SI and Non-SI

Companies may access the SIP system by going to

<https://iwccsip.dynamics365portals.us/>.

IV. Types of Portal Users

Portal users can be one of two types: Non-SI Companies (insurance companies, municipalities, pools) and Self-Insurance Companies (SI Companies (private self-insurers)). The options available to each are different and described in detail below.

A. SIP Homepage for SI Company Admins

The SIP portal has different functions available depending on the account type registered within the system. If an account is registered as a private self-insurer, users can serve as a SI Company Admin or have a SI Company Staff role.

1. SI Company Admin role can access all portal features and manage company users.
 - a) Assignment of security roles as well as the ability to send invitations to other company portal users to join the company's account.
 - b) Company Admin role can assign the *Company Admin* role to multiple people in the company. Multiple *Company Admins* are permitted; the Commission supports and *recommends* multiple Company Admins.
2. SI Company Staff role can access all portal features, but cannot add new portal users, assign web roles, or send invitations.
 - a) SI Company Staff role can access all documents submitted in the system and correspondence from the IWCC.
 - b) Contact the IWCC at wcc.selfinsurance@illinois.gov if a contact should only see assessment information.

B. SIP Homepage for Non-Self-Insurance Company Admins (Non-SI)

Non-SI Companies need access to the SIP Portal for assessment purposes only. Non-SI Companies have two roles in the portal: *Non-SI-Company Admin* or *Non-SI-Company Staff*.

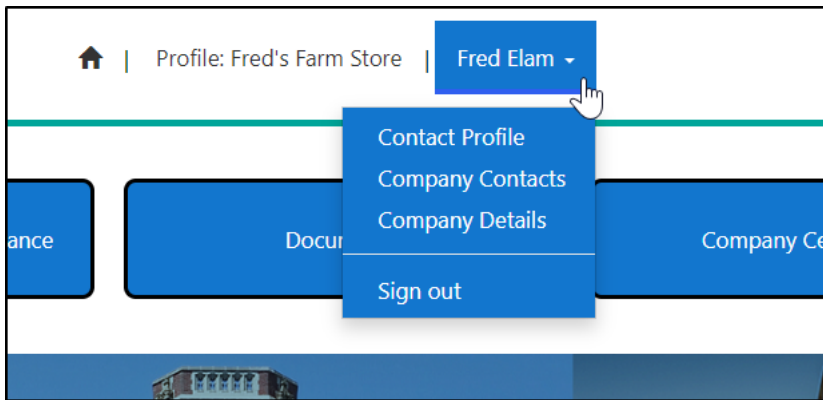
1. Non-SI Company Admin can access limited portal features and manage company users.
 - a) Allows access to company Assessment information only.
 - b) This permission allows the assignment of security roles and sending invitations to other company portal users to join the company's account. The commission supports and recommends multiple company admins.
2. Non-SI Company Staff can access Assessments, but cannot add new portal users, assign web roles, or send invitations.

V. Profile and Contact Management

Portal users with *Company Admin* permissions can manage their company profile. All users can manage their contact information in the portal. *The only exception to this is a Multi-Company Contact, which was discussed in Section II.* See Portal Pointers for [Multi-Company Contacts and Default Profiles](#).

A. Profile and Contact Management

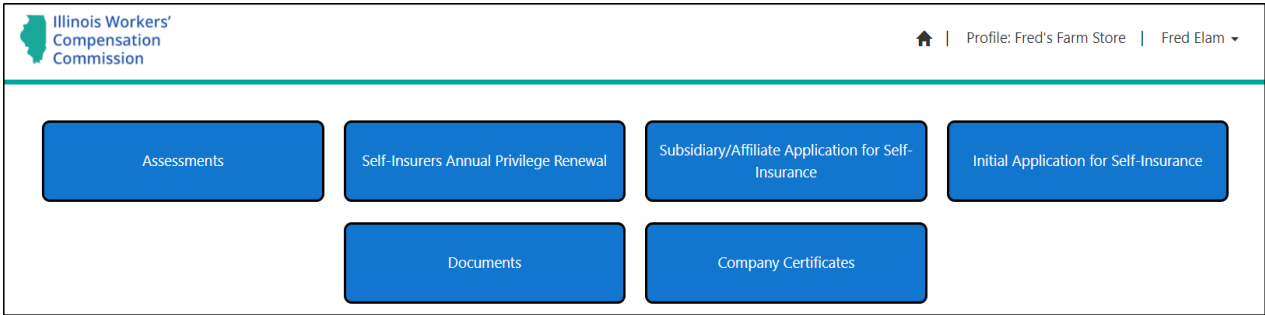
1. Log into the SIP Portal using the established username and password.
2. Click the drop-down arrow to the right of the logged-in user's name.
3. Select *Contact Profile*, *Company Contacts*, and *Company Details* to view or make updates to the information contained within each selection.
4. Click *Sign Out* to log out of SIP.



For more information on managing profiles and contacts, please see the [Company Contact Management and Registration](#) document on the IWCC's Self-Insurance Plus web page.

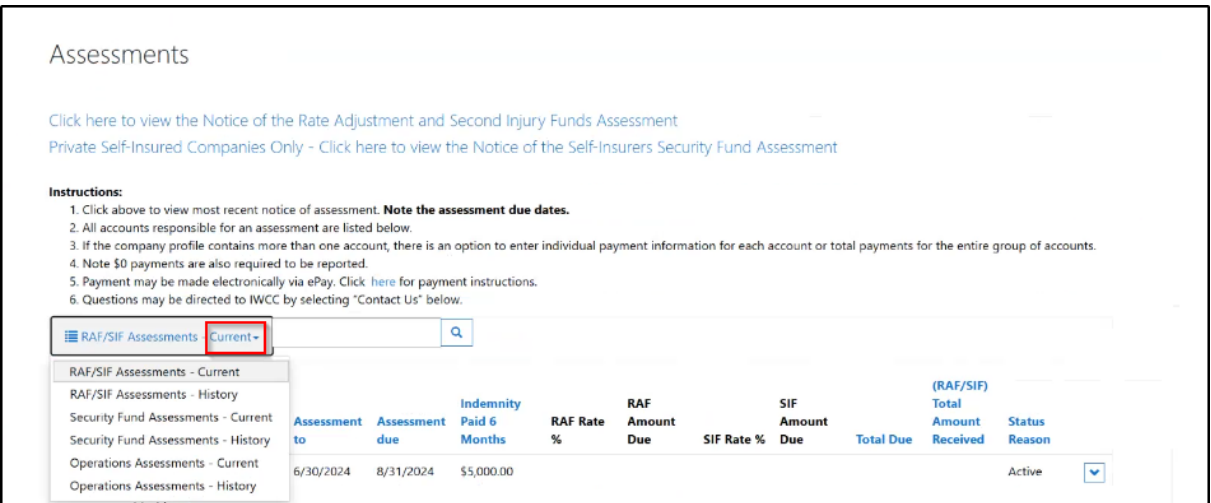
VI. SIP for the Self-Insured Employer (SI Company)

When a Self-Insured Company Contact is logged in, the SIP homepage displays six (6) buttons, as shown in screenshot below. A brief description of the buttons follows (from left to right, top to bottom order).



A. Assessments Button

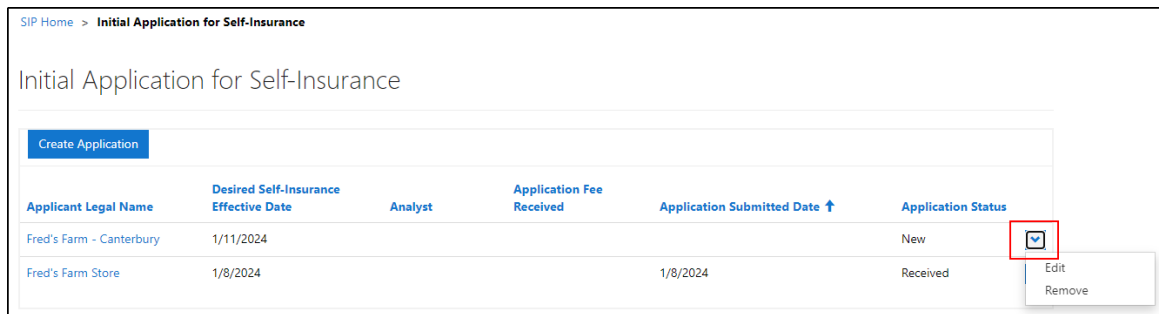
1. Clicking the *Assessments* button takes the user to the *Assessments* summary page. This page includes summary details of the: Rate Adjustment Fund (RAF)/Second Injury Fund (SIF), Self-Insurers Security Fund (SISF), and Operations assessments.
2. For each assessment, there is a *Current* and *History* option, which is accessed by clicking the drop-down arrow.



Note: when opening the Assessments page, the default view is the RAF/SIF Assessments - Current. For more detailed information, please see the section on [Assessments](#).

B. Initial Application for Self-Insurance Button

1. Click the *Initial Application for Self-Insurance* button. This takes the user, with SI permissions, to the application summary page.
2. To apply for self-insurance, click the *Create Application* button.
 - a) Before the final submission of the application, the user can work on the application and save it as a *draft*. The draft application will be listed in the summary as *New*.
 - b) When the user is ready to continue the application process, click the down arrow on the far right to *Edit* or *Remove* the application.



SIP Home > Initial Application for Self-Insurance

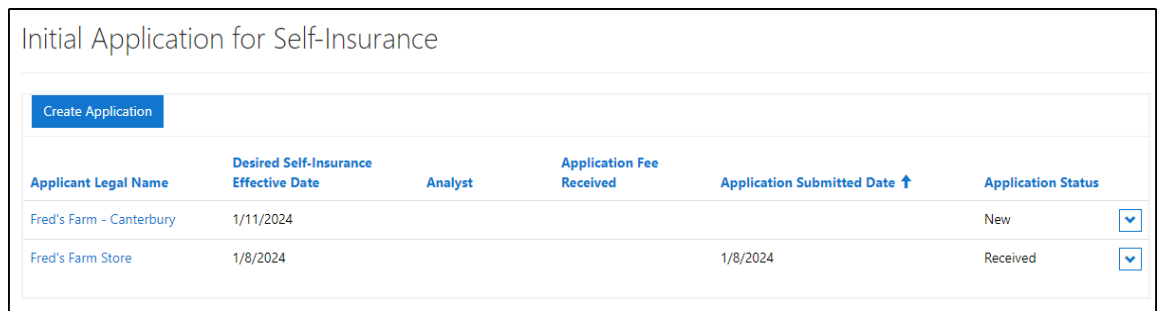
Initial Application for Self-Insurance

Create Application

Applicant Legal Name	Desired Self-Insurance Effective Date	Analyst	Application Fee Received	Application Submitted Date ↑	Application Status
Fred's Farm - Canterbury	1/11/2024				New
Fred's Farm Store	1/8/2024			1/8/2024	Received

Dropdown menu for 'Received' status: Edit, Remove

- c) Once an application has been submitted to the IWCC, it cannot be edited, only viewed. See screenshot below for an application that has already been received by the IWCC.



Initial Application for Self-Insurance

Create Application

Applicant Legal Name	Desired Self-Insurance Effective Date	Analyst	Application Fee Received	Application Submitted Date ↑	Application Status
Fred's Farm - Canterbury	1/11/2024				New
Fred's Farm Store	1/8/2024			1/8/2024	Received

Note: Before completing an application, view the [Required Information and Documents](#) instructions within this document or go to the [IWCC Self-Insurance Plus](#) webpage for assistance. Clicking the *Help* link on the bottom of the SIP portal page takes you to the IWCC's Self-Insurance information page. For instructions on entering an application, see the section [Filing an Application for Self-Insurance in SIP](#).

C. Subsidiary/Affiliate Application for Self-Insurance Button

1. Click the *Subsidiary/Affiliate Application for Self-Insurance* button. This takes the user, with SI permissions, to the subsidiary/affiliate application summary page.
2. If the user is a current self-insured employer and wants to complete a self-insured application for a subsidiary or affiliate, click *Create New*.

3. The summary page also displays existing electronic subsidiary applications. Please remember, a subsidiary/affiliate application cannot be submitted if the parent's initial application or current renewal application is pending.

SIP Home > Subsidiary/Affiliate Application for Self-Insurance

Subsidiary/Affiliate Application for Self-Insurance

[Create New](#)

Applicant Legal Name	Desired Self-Insurance Effective Date	Application Fee Received	Affidavit Received	Application Submitted Date ↑	Application Status	Analyst
----------------------	---------------------------------------	--------------------------	--------------------	------------------------------	--------------------	---------

Note: Before completing a subsidiary/affiliate application, view the [Required Information and Documents](#) instructions or go to the [IWCC Self-Insurance Plus](#) webpage. Clicking the *Help* link on the bottom of the SIP portal page also takes you to the IWCC Self-Insurance information page. For instructions on completing a Subsidiary/Affiliate Application, see section [Filing a Subsidiary Application for Self-Insurance in SIP](#).

D. Self-Insurers Annual Privilege Renewal Button

Every primary self-insured employer must file a yearly renewal to maintain its self-insurance privilege.

1. Click the *Self-Insurers Annual Privilege Renewal* button. This takes the user, with SI permissions, to the renewal summary page.
2. This page shows the user's current and prior electronic renewal applications. The system will notify the primary and secondary company contacts, via email, when the renewal application process is available for completion.
3. Click the drop-down arrow next to the new renewal application (*Renewal Application Status is Renewal Sent*) to start the application or click the drop-down arrow on a prior renewal to view it.

Self-Insurers Annual Privilege Renewal

Profile	Renewal Year ↓	Self-Insurer Name	Analyst (Owner)	Modified Date	Renewal Application Fee Received (Y/N)	Renewal Application Status	Date submitted	Date Sent
Fred's Farm Store	2024	Fred's Farm Store	Fran Davis	6/22/2023 10:31 AM		Renewal Approved - Letter to Employer	6/8/2023	v
Fred's Farm Store	2023	Fred's Farm Store	Fran Davis	7/19/2023 12:48 PM		Renewal Sent	7/19/2023	v Edit

Note: Before completing a renewal application, view the [Required Information and Documents](#) instructions or go to the [IWCC Self-Insurance Plus](#) web page. Clicking the *Help* link on the bottom of the SIP portal page also takes you to the *IWCC's Self-Insurance Plus* page. For instructions on entering a renewal, see section [Filing a Renewal Application for Self-Insurance in SIP](#).

Self-Insurers Annual Privilege Renewal								
Profile	Renewal Year ↓	Self-Insurer Name	Analyst (Owner)	Modified Date	Renewal Application Fee Received (Y/N)	Renewal Application Status	Date submitted	Date Sent
Fred's Farm Store	2024	Fred's Farm Store	Fran Davis	6/22/2023 10:31 AM		Renewal Approved - Letter to Employer	6/8/2023	
Fred's Farm Store	2023	Fred's Farm Store	Fran Davis	7/19/2023 12:48 PM		Renewal Sent		7/19/2023

E. Documents Button

Clicking the *Documents* button takes the user to the Documents *Summary* page.

1. The screen lists existing security instruments, excess coverage certifications, and additional documents submitted to the IWCC.
2. Portal users can upload new documents to existing records or add a new document as requested by the IWCC.
3. If information for a specific document is displayed incorrectly, contact the IWCC.


Profile: Fred's Farm Store | Fred Elam

SIP Home > Documents

The documents below should be submitted in the Self-Insurance Plus system.

The instructions for uploading a Security Instrument, Excess Insurance Certificate, Parent Guaranty, Service Agency Agreement, Quarterly Financial Statement, or other documents are as follows.

Security Instruments

Listed below are the current Security Instruments on file with the Workers' Compensation Commission. To upload a security amendment or new security:

1. If a blank security form was not included in IWCC correspondence, download the applicable security document (i.e. Self-Insurer's Surety Bond, Escrow Agreement, Agreement to Post Letter of Credit; related security riders and amendments) from the IWCC website. (<https://www2.illinois.gov/sites/iwcc/resources/Pages/forms.aspx>).
2. Confirm that the document to be uploaded is complete and signed by all required representatives and corporate seals, if any, are applied.
3. a) **If providing an amendment to a security instrument** listed below, select the dropdown arrow next to the security instrument and choose "Upload Document." Then proceed to Step 4.

F. Company Certificates Button

Clicking the *Company Certificates* button takes the user to a summary page listing certificates issued, as well as termination requests made in the electronic system.

1. The user can download and print a certificate by clicking on the down arrow next to the active certificate, provided the certificate is not in *pending status*.
2. To request a self-insurer be terminated from the self-insurance program, click the down arrow next to the self-insurer's certificate record, and select *Create Termination Request*.

Company Certificates

Search Certificates						
Company Name ↑	FEIN	Certificate Number	Parent Profile	Self-Insurance Date	Termination Date	Status Reason ↑
Daisy's Dandelions	26-9124361	202326-9124361	Fred's Farm Store	6/6/2023		Active v
Dudley's Farm Machinery Shop	81-2222222	202381-2222222	Fred's Farm Store	6/6/2023		Active v
Fred's Farm Store	91-1111112	202391-1111112	Fred's Farm Store	6/6/2023		Active v
Theresa's Tree Company	91-4267254	202391-4267254	Fred's Farm Store	6/7/2023		Certificate of Approval to Employer v

Create Termination Request
Download

Termination Requests

Search Termination Request						
Company Name ↑	FEIN	Certificate Number	Parent Profile	Self-Insurance Date	Termination Date	Status Reason
There are no records to display.						

VII. Submitting Assessments

A. Navigating Assessments in SIP

1. Registered users (SI and Non-SI portal users) can see details of their assessments within SIP.
2. SI employers can view the following: Rate Adjustment Fund (RAF)/Second Injury Fund (SIF) Assessments; Self-Insurers Security Fund (SISF) Assessments; and Operations Assessments.
3. Non-SI employers can view the following: Rate Adjustment Fund (RAF)/Second Injury Fund (SIF) Assessments, and Security Fund (SISF) Assessments.
4. Assessment notices and due dates are available in the portal. The *Assessment* page has two links (shown below).

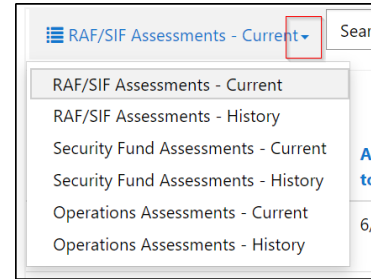
a) Notice of the Rate Adjustment and Second Injury Fund Assessment

b) Notice of the Self-Insurers Security Fund Assessment

Clicking either of these links takes the portal user to the fund specific *Notice of Assessment*, allowing the user to download or print the document(s).

Assessments												
Click here to view the Notice of the Rate Adjustment and Second Injury Funds Assessment												
Private Self-Insured Companies Only - Click here to view the Notice of the Self-Insurers Security Fund Assessment												
Instructions:												
1. Click above to view most recent notice of assessment. Note the assessment due dates.												
2. All accounts responsible for an assessment are listed below.												
3. If the company profile contains more than one account, there is an option to enter individual payment information for each account or total payments for the entire group of accounts.												
4. Note \$0 payments are also required to be reported.												
5. Payment may be made electronically via ePay. Click here for payment instructions.												
6. Questions may be directed to IWCC by selecting "Contact Us" below.												
RAF/SIF Assessments - Current Q												
Year ↓	Account	Assessment From	Assessment to	Assessment due	Indemnity Paid 6 Months	RAF Rate %	RAF Amount Due	SIF Rate %	SIF Amount Due	Total Due	(RAF/SIF) Total Amount Received	Status Reason
2024	Dudley's Farm Machinery Shop	1/1/2024	6/30/2024	8/31/2024	\$5,000.00							Active v
2023-2	Fred's Farm Store	1/1/2023	6/30/2023	8/31/2023	\$3,500,000.00	0.6250	\$21,875.00					Submitted v
2023	Fred's Farm Store	1/1/2023	6/30/2023	7/31/2023		0.6250		0.0065				Submitted v
2023	Daisy's Dandelions	1/1/2023	6/30/2023	7/31/2023		0.6250		0.0065				Submitted v

5. Clicking the down arrow (outlined for reference) allows the portal user to select the assessment type as well as choose current or historical data, depending on the need.



Note: Portal users can complete an assessment if the assessment is in Active status.

6. Click the assessment record under the year column or by selecting the down arrow on the right. The portal user can enter the assessment fields to complete the assessment, print, upload, and submit it to the IWCC.

a) Once an assessment has been submitted to the IWCC, it cannot be edited. See screenshot below and note that the assessment has a status reason of *Submitted*, and *View* is the only option for the assessment.

RAF/SIF Assessments - Current												
Year ↓	Account	Assessment From	Assessment to	Assessment due	Indemnity Paid 6 Months	RAF Rate %	RAF Amount Due	SIF Rate %	SIF Amount Due	Total Due	(RAF/SIF) Total Amount Received	Status Reason
2024	Dudley's Farm Machinery Shop	1/1/2024	6/30/2024	8/31/2024	\$5,000.00							Active
2023-2	Fred's Farm Store	1/1/2023	6/30/2023	8/31/2023	\$3,500,000.00	0.6250	\$21,875.00					Submitted
2023	Fred's Farm	1/1/2023	6/30/2023	7/31/2023		0.6250		0.0065				Submitted

b) The following screenshot shows an assessment with an *Active* status reason, which can be edited.

RAF/SIF Assessments - Current												
Year ↓	Account	Assessment From	Assessment to	Assessment due	Indemnity Paid 6 Months	RAF Rate %	RAF Amount Due	SIF Rate %	SIF Amount Due	Total Due	(RAF/SIF) Total Amount Received	Status Reason
2024	Dudley's Farm Machinery Shop	1/1/2024	6/30/2024	8/31/2024	\$5,000.00							Active

B. Submitting RAF/SIF and SISF Assessments

1. The portal user receives an email from SIP (wcc.SIPNoReply@illinois.gov) when an assessment has been issued and is ready for completion.

Please be advised that Dudley's Farm Machinery Shop has a new [Rate Adjustment/Second Injury Funds assessment](#) notice to view. The RAF/SIF assessment is due 8/31/2024.

The assessment is available to complete on the [IWCC SIP Portal](#) Assessments Page. Look for **RAF/SIF Assessments - Current** in the dropdown list just below the instructions.

After submitting the assessment, payment may be made electronically via ePAY. Click [here](#) to access ePAY instructions.

Thank You,
IWCC

Click [here](#) to access the IWCC SIP Portal.

2. The portal user can click either link contained within the email (see previous screenshot) or go to the SIP homepage (<https://iwccsip.dynamics365portals.us/>), log into the system (if not already logged into SIP), and click the *Assessments* button.

3. By clicking the down arrow next to the active assessment, a menu appears with an *Edit* option.

Assessments

[Click here to view the Notice of the Rate Adjustment and Second Injury Funds Assessment](#)
[Private Self-Insured Companies Only - Click here to view the Notice of the Self-Insurers Security Fund Assessment](#)

Instructions:

1. Click above to view most recent notice of assessment. **Note the assessment due dates.**
2. All accounts responsible for an assessment are listed below.
3. If the company profile contains more than one account, there is an option to enter individual payment information for each account or total payments for the entire group of accounts.
4. Note \$0 payments are also required to be reported.
5. Payment may be made electronically via ePAY. Click [here](#) for payment instructions.
6. Questions may be directed to IWCC by selecting "Contact Us" below.

RAF/SIF Assessments - Current

Year	Account	Assessment From	Assessment to	Assessment due	Indemnity Paid 6 Months	RAF Rate %	RAF Amount Due	SIF Rate %	SIF Amount Due	Total Due	(RAF/SIF) Total Amount Received	Status Reason
2024	Dudley's Farm Machinery Shop	1/1/2024	6/30/2024	8/31/2024	\$5,000.00							Active

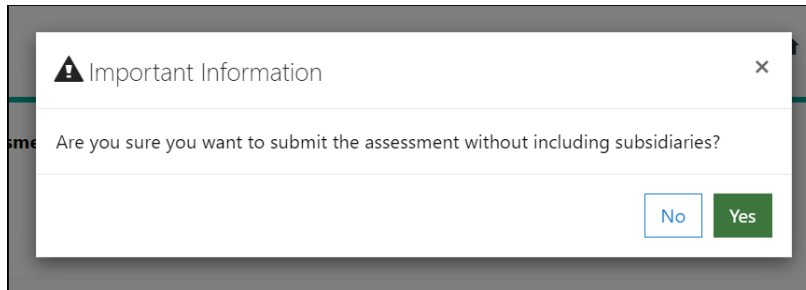
Edit

4. A new window displays to complete the assessment. As shown, indemnity payments of \$5000.00 were reported by clicking in the payment box and typing the amount. Note: *Indemnity Payments* is a required field: Enter \$0 if applicable.

5. If there are subsidiaries associated with the record, there is the option to link the subsidiaries into one assessment or leave them separate: select *Yes* or *No* depending on your preference. There are instructions on the webpage to guide you through the process.

6. Click *Save & Next*.

7. If you choose not to include subsidiaries for this assessment, a pop-up window displays with a message to ensure you do not want to include subsidiaries. Click *Yes* to continue without subsidiaries or *No* to go back and select the button to include the subsidiaries. For this example, subsidiaries are not included in this assessment.



8. Clicking *Save & Next* calculates the amount due and presents the totals on the next screen. It also provides a summary of the Assessment fields and has options on the bottom right to go to the *Previous* page.

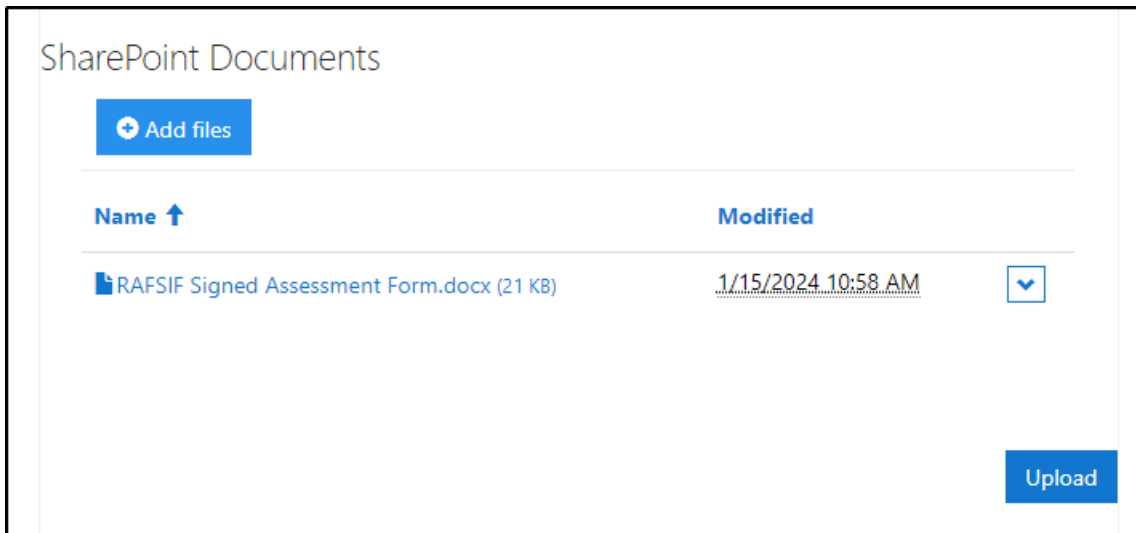
9. If an error has been made, *Exit* the page (Exit does not save your changes to the current page), or click *Apply Signature & Next*. By clicking the *Apply Signature & Next* button, a pop-up appears asking you to confirm you want to sign the assessment; Click *Yes* to move to the next step and sign the assessment.

10. The last step is the option to attach any supporting documents. This is not required. Click the *Attach Documents* button and select the document type. *Document type* options include:

- a) RAF/SIF Signed Assessment Form
- b) Self-Insurer Security Fund Assessment Form
- c) Operations Assessment Letter
- d) Check Copy

11. Select the appropriate *Document Type* and click *Save & Next*.

12. Click the *Add files* button, click the *Choose Files* button, and navigate/select the pertinent file from your computer. Click *Upload*.



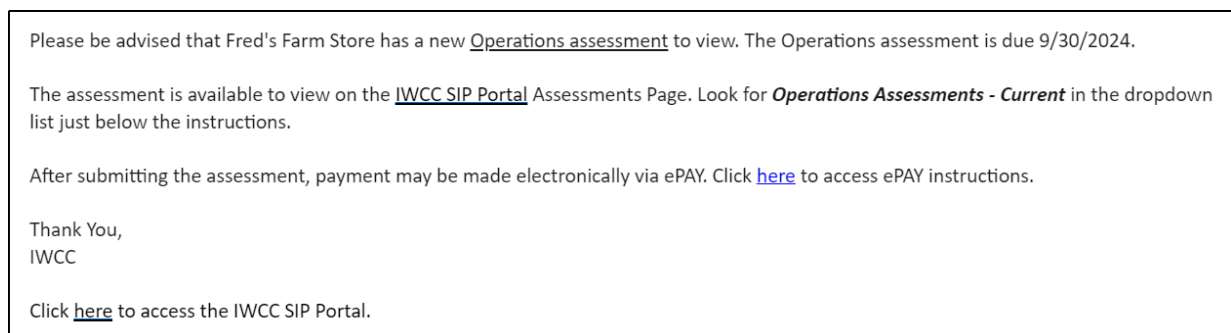
13. The newly added document shows up on the screen displaying *Document Type*, *Submitted By*, and *Created On* details of the record.

14. If you have inadvertently added the wrong document for upload, you may click the down arrow next to the incorrect document and delete it. Repeat the steps to add the correct document.

Please note: to print the assessment for your records, click the *Print* button located on the bottom right of the screen. Clicking the print button begins the download of the assessment. Once the assessment is downloaded, you can print it. Once everything is complete and any documents are uploaded into SIP, click *Submit to IWCC*. Payment instructions are included in the notice.

C. Operations Fund (ICOP) Assessments

1. The portal user receives an email from SIP (wcc.signoreply@illinois.gov) when an assessment has been issued and is ready for review. An example ICOP email is shown below; within it is a link to the assessment in SIP.



2. The portal user can click the Assessment link in the email or go directly to the *Assessments* on the SIP homepage (<https://iwccsip.dynamics365portals.us/>). Click the down arrow for the assessment and click *View*.

Assessments

[Click here to view the Notice of the Rate Adjustment and Second Injury Funds Assessment](#)
[Private Self-Insured Companies Only - Click here to view the Notice of the Self-Insurers Security Fund Assessment](#)

Instructions:

1. Click above to view most recent notice of assessment. **Note the assessment due dates.**
2. All accounts responsible for an assessment are listed below.
3. If the company profile contains more than one account, there is an option to enter individual payment information for each account or total payments for the entire group of accounts.
4. Note \$0 payments are also required to be reported.
5. Payment may be made electronically via ePay. Click [here](#) for payment instructions.
6. Questions may be directed to IWCC by selecting "Contact Us" below.

Operations Assessments - Current

Q

Year ↓	Account	Assessment due	Renewal Application Year	Reported Wages Calendar year	Reported Wages	Rate %	Total Due	Total Amount Received (ICOP)	Status Reason	
2024	Fred's Farm Store	9/30/2024	2024	2024				\$0.00	Active	View
2022	Fred's Farm Store	8/31/2023	2022	2022		0.0075		\$4,329.79	Active	

3. The ICOP assessment can be downloaded/printed by clicking the *Print* button.

View ICOP Assessments

Assessment Year *
2024

Assessment Due Date *
9/30/2024

Renewal Application Year
2024

Reported Wages Calendar year
2024

Reported Wages

Total Amount Due

Back

Print

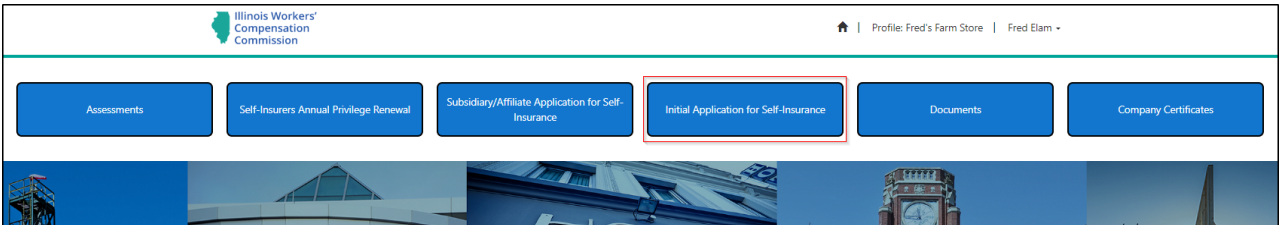
4. Click the download to open the document. Payment instructions are included in the notice.

VIII. Filing an Initial Application for Self-Insurance in SIP

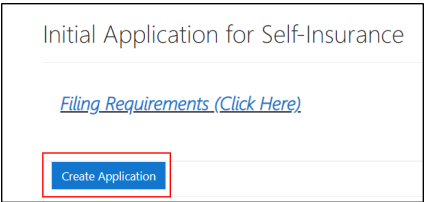
A. How to File an Initial Application

An initial application is filed when a private employer seeks approval for the self-insured privilege. Note: before entering an application, view the [Required Information and Documents for Filing an Initial Application](#) instructions. Click the *Help* link on the bottom of the SIP portal page to go to the IWCC’s Self-Insurance information page for additional resources.

1. User navigates to the SIP portal and logs into their Self-Insurance account by clicking *Sign In*. Click the *Initial Application for Self-Insurance* button.



2. Click the *Create Application* button. This generates an initial application for Self-Insurance to submit to the IWCC for approval.



The *Applicant Information* screen displays, as shown in screenshot below. Mandatory fields are denoted with red asterisks. The percentage bar lets the user know the completion level as the screens/pages progress.

3. Fill in the *Applicant Legal Name**. The *Applicant Legal Name* is the full legal name of the employer applying to be self-insured within the state of Illinois.
4. Enter address information and fill in the *Desired Self-Insurance Effective Date*.
5. Click *Save & Next*.

New Application

0%

Applicant Information

Applicant Legal Name *

Fred Elam

Street Address 1 *

1234 Farming Way

Street Address 2

City *

Springfield

State *

Il

Zip *

60629

Desired Self-Insurance Effective Date *

7/15/2024

Exit Save & Next

6. If at any time during this process, you need to step away from your machine and come back later, press *Save & Next* at the bottom right of the screen. This will ensure all your work up to this point is saved, and you can come back later to complete the process. Pressing *Exit* will take you out of the process. Clicking *Exit* does not save the work completed on the application.

7. The following page asks the user to provide primary, secondary, and assessment contact information. All three are mandatory fields and must be filled out to move to the next page of the application.

New Application

9%

Company Representatives for Self-Insurance

Primary Contact

Click magnifying glass to search.

Primary Contact

Fred Elam

First Name * Middle Initial Last Name * Title *

Fred Elam Owner and Operator

Company Name *

Fred's Farm Store

Street Address 1 *

1234 Farming Way

Street Address 2

City *

Springfield

State *

Ill

Zip *

60629

Phone *

(555) 555-5555

Phone Extension

Email *

mcdfad1+Fred@gmail.com

8. If the Company Admin has added one or more company contacts to the profile, the user can click the magnifying glass as shown in screenshot above and select a contact from the list for the representative roles.

9. The user can also type in the name or put a checkmark next to the name and click the *Select* button. The contact information for the selected user auto-populates the name, address, and phone into that section of the application. If a person is chosen for a specific contact type by accident, put a checkmark next to their name and click the *Remove Value* button. Repeat the above steps to add the correct contact.

Lookup records

Search

Choose one record and click Select to continue

Full Name ↑	Email	Phone
☐ Fred Elam	mcdfad1+Fred@gmail.com	(555) 555-5555
☒ Robert Peak	mcdfad1+RobertPeak@gmail.com	(566) 124-2189

Select Cancel Remove value

10. When the selected contact is chosen through the search function, the information about the contact auto-fills and you do not have to fill out the information for each contact a second time. If the company contacts contain all the information about your company and those who are working within the portal, it makes this page easy to fill out. Click *Save & Next*.

11. The next page continues with questions regarding the applicant's Federal Employer ID Number (FEIN) and Company Type. *Company Type* is a drop-down list: Select *Individual*, *Partnership*, *Limited Liability Company (LLC)*, *Limited Liability Partnership (LLP)*, *Corporation*, *S Corporation*, or *Nonprofit Corporation*. Only one may be selected.

Company Type *

▼

Individual
Partnership
Limited Liability Company (LLC)
Limited Liability Partnership (LLP)
Corporation
S Corporation
Nonprofit Corporation

12. Fill in the field for the *Nature of Business* and click the *Add NAICS Code* to open a new window.

18%

Previous

Exit

Save & Next

FEIN *

61-4267296

Company Type *

Corporation ▼

List the Nature of Business for the Applicant & Subsidiary Applicants *

agriculture

Select the Primary NAICS codes for the Applicant & Subsidiary Applicants *

Add NAICS Code

NAICS Code	NAICS Description
------------	-------------------

Use the previous button on any screen to go back a screen. Information can be updated any time prior to submitting the application.

13. Click the magnifying glass to open a search window.

NAICS Code

Click magnifying glass to search

NAICS *

NAICS Launch lookup modal

Save & Close

14. Type the code or a business description into the search bar and click the magnifying glass. Choose the correct NAICS Code/Description from the list and click *Select*. Click *Save & Close*. Repeat for each NAICS code. The use of a wildcard character is allowed/recommended in this search. You can type *farm** in the search bar to return all NAICS codes/descriptions that begin with the word *farm*. If there are multiple results, choose the most appropriate NAICS Code description and click the *Select* button.

Note: If an incorrect code/description was added, it can be updated or removed by using the down arrow next to the code/description. Go through the steps to *Add NAICS Code* to add the correct NAICS code.

15. The remainder of this page asks the user questions relating to the state of incorporation, incorporation date, and when the employer began doing business in Illinois. For the date fields, you can use the calendar function that allows you to have a calendar view and select the appropriate date or type the date into the box (M/D/YYYY). If the employer is a subsidiary, be prepared to also provide the ultimate parent's legal name, FEIN, and incorporation information. Click *Save & Next*.

16. Provide the corporate principal details by clicking the *Add Corporate Principal* button. A new window opens, and details of the corporate principal are entered.

17. Click *Save & Close* to save the information. As shown in the screenshot below, the corporate principal information has been added to the screen. At least one corporate principal must be added. Click *Save & Next* to continue.

Corporate Principal

First Name * Julia	Street Address 1 * 415 State Street
Middle Initial 	Street Address 2
Last Name * Smith	City * Chicago
Title * CFO	State * Ill
Phone * (712) 222-2222	Zip * 60606
Phone Extension 	

[Save & Close](#)

18. List any Subsidiaries or Affiliates seeking approval for self-insurance, if applicable. Click *Add Subsidiaries/Affiliates* and a new window opens to add requested information. When complete, click *Save & Close*.

Subsidiary and Affiliate

Legal Name * Bobby's Birds and Game	FEIN * 78-1234789
Street Address 1 * 419 State Street	
Street Address 2 	
City * Chicago	State * Ill
Zip * 60606	
Date Incorporated or Organized * 1/1/2020 	Nature of Business * Agriculture
Subsidiary Or Affiliate * Subsidiary	

[Save & Close](#)

19. If a subsidiary or affiliate is added incorrectly, they can be updated with the correct information or removed altogether by clicking the down arrow next to the company and making the correct selection. Click *Save & Next* when ready to continue.

List the Subsidiaries or Affiliates to be included in the Self-Insurance Program

[Add Subsidiaries / Affiliates](#)

Legal Name ↑	FEIN	Date Incorporated or Organized	Street Address 1	Street Address 2	City	State	Zip	Nature of Business	Subsidiary Or Affiliate
Bobby's Birds and Game	78-1234789	1/1/2020	419 State Street		Chicago	Ill	60606	Agriculture	Subsidiary

[Update](#)
[Remove](#)

[Previous](#)
[Exit](#)
[Save & Next](#)

20. On the next page of the application, add the physical locations of each associated self-insured company. Click the *Add Physical Location* button, which opens up a new window for entering location information.

New Application

45%

List the Physical Locations of each self-insured Operation.
Add at least one location. If more than 15 locations, provide a worksheet listing all locations. The worksheet should follow the format below and be submitted at the end of the application process.

[Add Physical Location](#)

Operation Name ↑	Street Address 1	Street Address 2	City	State	Zip	FEIN	Avg # Employees	Nature of Business
No Physical Locations found								

[Previous](#)
[Exit](#)
[Save & Next](#)

21. Enter information for each Illinois physical location to be included in the self-insurance program. Click *Save & Close*. Perform this process for each location. At least one location is required. After all locations have been entered, click *Save & Next*.

Note: If there are more than 15 locations, create a worksheet with all of the information contained on the *Add Physical Location* screen (Name, Street Address, City, State, Zip, FEIN, Nature of Business, and Avg. # Employees). This worksheet will be uploaded in a later step but before submission of the application. If the button to add a location is clicked in error, click the x in the top right corner to close the pop-up window.

Physical Location

Name *	FEIN *
Bobby's Birds and Game	78-1234789
Street Address 1 *	Nature of Business
419 State Street	Agriculture
Street Address 2	Avg # Employees
	50
City *	
Chicago	
State *	
Ill	
Zip *	
60606	
Save & Close	

22. The next screen requires workers' compensation policy information. Enter the current policy number and effective date, as well as specific premium information and class codes.

Note: Mandatory fields must be entered, or an error message is displayed. The application process cannot continue until all required information has been provided.

Provide applicant's current workers' compensation insurance policy information

Carrier Name * Liberty Mutual	Policy Number * WC12345667
Effective From Date * 9/15/2022	Effective To Date * 9/15/2023

23. To add compensation premium, click the *Add Compensation Premium* button and a new window appears. All fields are required before clicking *Save & Close*.

Compensation Premium

Insurance Class Code *	
Insurance Classification Description *	
Number of Employees *	
Estimated Annual Payroll *	
Current Manual Rate *	
Estimated Annual Premium *	

[Save & Close](#)

24. The next section on the screen involves claim history and requires the year-end dates for the most recent three (3) completed policy years. Use the calendar function or manually enter the dates (M/D/YYYY). When fields are completed, click *Save & Next*. If you need to go back to the previous page, click *Previous*. Note: your progress on the current page will be lost if you go back to the previous page.

The claim history for the Illinois operations to be self-insured will be requested on the next page. Provide the year end dates for the last three completed policy years below.

Policy Year Ended 1 * 1/1/2021	Policy Year Ended 2 * 1/1/2022	Policy Year Ended 3 * 1/1/2023
---	---	---

[Contact Us](#) | [Help](#)

[Save & Next](#)

January 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

25. This question requires details about claims information. Click the down arrow to the right of each question to *Add* responses.

New Application

63%

Claims Information

Provide the following claims information for your proposed self-insured operations in Illinois for the last three completed years.

Question ↑	Policy Year Ended 1	Policy Year Ended 2	Policy Year Ended 3
A. Number of accidents requiring only medical attention			
B. Number of accidents requiring lost time of more than 3 days			
C. Total dollars paid for claims			
D. Outstanding reserves (incl. medical, indemnity, & expenses). If the reserves vary by more than 20% from one year to the next, provide an explanation below.			
E. Number of Fatalities (If any fatalities, an explanation will be required. Explanation to include: employee name; injury date; cause of injury; current claim status; OSHA investigation and/or citation, if any.)			

Do the reserves in question D vary by more than 20% from one year to the next?

☒ No ☐ Yes

Previous Exit Save & Next

26. A new window opens to enter claim information for each *Policy Year Ended*. For example, the *Number of accidents requiring only medical attention* question has fields available for all three policy years. These are manual data entry fields. Click in the box and respond to each line item. A value of 0 is a valid answer. When finished, click Save & Close.

Claims Information

Question *

A. Number of accidents requiring only medical attention

Policy Year Ended 1	Total
1/1/2022	3
Policy Year Ended 2	Total
1/1/2023	6
Policy Year Ended 3	Total
1/1/2024	2

Save & Close

27. After each question is answered, the user must indicate if the reserves in question D vary by more than 20% from one year to the next. If *Yes*, a box will appear to provide an explanation for the variance. Click *Save & Next* to proceed.

28. Enter *Claim Administrator Contact* regarding the responsible party for the administration of claims for the proposed self-insured company. Click the *Add Claims Administration Contact* button and provide the required information. Click *Save & Close*.

Other Associated Contact

First Name * Middle Initial Last Name *

Title *

Street Address 1 * Street Address 2

City * State * Zip *

Phone * Phone Extension Email *

Describe the Experience and Qualifications of this Person

Save & Close

29. Once the information has been added to the screen, verify its accuracy. If something has been incorrectly added, click on the down arrow on the right side of the screen. There is an option to *Update* or *Remove* the line item. If remove is selected, a message appears asking you to confirm removal of the information. If confirmed, click the *Delete* button and the information is removed from the system. If the information is correct, click *Save & Next*.

Add Claims Administration Contact

Company Name	First Name	Middle Initial	Last Name	Title	Street Address 1	Street Address 2	City	State	Zip	Phone	Email	Type	Active
Betty's Bee Hives	Joyce		Mueller	Claims Administrator	415 West Short Street		Chicago	IL	60606	(812) 478-9143	xyz@gmail.com	Claims Self-Administrator	Yes

Update
Remove

Previous Exit Save & Next

30. Enter the name and contact information for the safety representative, identify all medical facilities that are available, and add any employee occupational disease exposures if applicable.

31. *Add exposure to Substance* works like the other *Add* features in the portal: Click the button, a new window appears, enter the mandatory fields, and click *Save & Close*. If no exposures have occurred, click *Save & Next* and proceed to the next page.

Safety Representative

First Name *
Middle Initial
Last Name *
Title

Company Name *

Street Address 1 *
Street Address 2

City *
State *
Zip *

Phone *
Phone Extension
Email *

Medical Facilities available (check all that apply)

☒ **First Aid**
☐ **In-Plant Doctor/Nurse**
☒ **Local Clinic**
☐ **Hospital**

☐ **Other**

If any of the applicant's employees have exposure in any degree to substances that may cause occupational disease, list each substance and approximate percentage of employees exposed. Include asbestos, silica dust, any toxic, injurious, or hazardous substances, compounds, or chemicals, caustics, fumes, noise, radiation, communicable diseases, and any other occupational disease exposures.

[Add exposure to Substance](#)

Substance ↑	Percentage of Employees Exposed	Number of Accident Reports Filed
-------------	---------------------------------	----------------------------------

32. The next screen contains three questions, with Yes/No answers. Make the appropriate selection. Each of the questions have answers defaulted to “No”. If any of the questions are *Yes*, an explanation will be required in a box that appears directly below the question. Click *Save & Next* when complete.

90%

Has an application for workers' compensation insurance ever been refused or a policy cancelled? (If yes, an explanation of the circumstances will be required including date, jurisdiction, and carrier)

☐ No ☒ Yes

Explanation including date, jurisdiction, and carrier *

Has an application for self-insurance ever been denied or a certification revoked? (If yes, an explanation of the circumstances will be required including the date and jurisdiction)

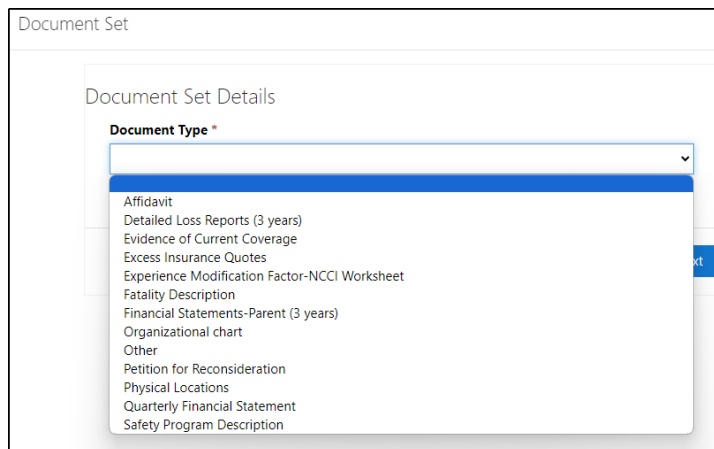
☒ No ☐ Yes

Is the applicant self-insured in any other jurisdiction? (If yes, a list of jurisdictions will be required.)

☒ No ☐ Yes

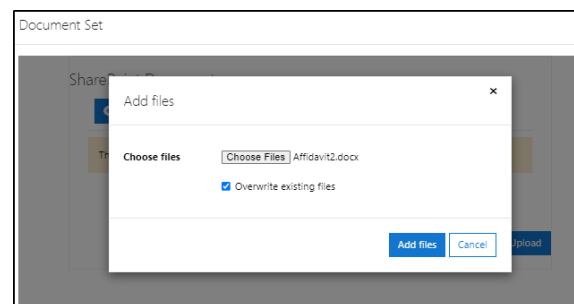
[Previous](#)
[Exit](#)
[Save & Next](#)

33. Attach and upload required *Application* documents. Click *Attach Documents*. This opens the *Document Set Details* window. Select the document type from the list below.



34. Click the *Add Files* button, click *Choose Files* and locate the file on your local machine. Once located, click *Add Files*. The file is added to the sub-grid.

35. Click *Upload* to add the document to the portal. By clicking *Upload*, it is added to the document list. Do this for all required documents. For uploading more than file per document type, see section [Uploading Multiple Files within a Document Type](#).



Note: Prior to final submission of the application, download and print the application for the officer signatures and notarization.

36. When all documents have been added to the application, click the *Download to Print Affidavit and Application* button. This downloads the document to your computer. Once signed/notarized, upload along with other required documents.

37. If the user fails to upload all the required documents before clicking 'Submit to IWCC,' an error message is returned. Only when all document types have been uploaded to the application is the user able to submit the self-insurance application.

100%

⚠ Cannot submit due to following missing documents: Evidence of Current Coverage, Financial Statements-Parent (3 years)

Application Documents

NOTE: The "Exit" button on this screen will Save any information entered and uploaded.

1. A signed affidavit is required. Select "Download to print Affidavit & Application" below to print and save.
2. Select "Attach Documents." Choose one Document Type from the drop down list, add your file and upload. Repeat for each required Document Type.
3. Once all the required documents are uploaded, click "Submit to IWCC" button. An error message will appear listing any missing documents.
4. Once the application is submitted, you will receive an email notification acknowledging its receipt.

Use consistent and descriptive file names that associate the document with this Application. Do not use the file names that contain the following special characters: /?*<>|. Max file size is 10 megabytes.

****Requirements outlined in a NOTICE letter from the Chairman must be submitted by selecting the "Documents" button on the SIP Home page.**

Attach Documents

Document Type	Submitted By	Created On ↓	
Financial Statements-Parent (3 years)	Fred Elam	9/13/2023 5:13 PM	▼
Evidence of Current Coverage	Fred Elam	9/13/2023 5:12 PM	▼
Experience Modification Factor-NCCI Worksheet	Fred Elam	9/13/2023 5:10 PM	▼
Excess Insurance Quotes	Fred Elam	9/13/2023 5:10 PM	▼

<

1

2
>

Previous

Exit

Download to Print Affidavit & Application

Submit to IWCC

Note: The required documents for an initial application for self-insurance include *Signed & Notarized Affidavit*, *Evidence of Current Coverage*, *Experience Modification Factor – NCCI Worksheet*, *Financial Statements (3 years)*, and *Detailed Loss Runs (3 years)*. If more than 15 locations need to be added to the application, upload the additional locations during this step. Create a worksheet with all of the information contained on the *Add Physical Location* screen (Operation Name, Street Address, City, State, Zip, FEIN, Nature of Business and Avg. # Employees). Descriptions of all fatalities must be included, if applicable.

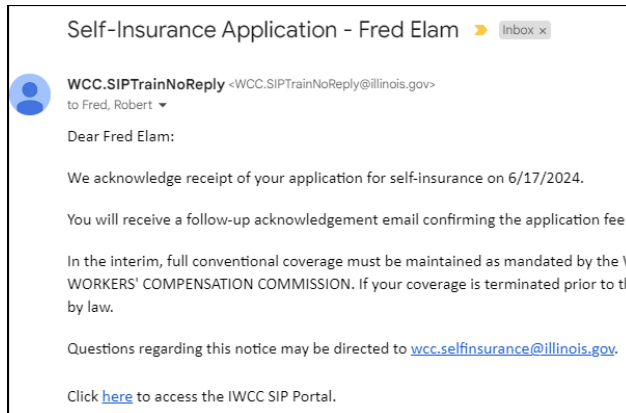
38. When all documents have been attached and downloaded, select *Submit to IWCC*. Once submitted, a success message displays.

[SIP Home](#) > [Initial Application f...](#) > **New Application**

New Application

Submission completed successfully.

39. After submitting the initial application to the IWCC, an acknowledgment email is sent to the primary and secondary contact.



IMPORTANT: The application will not be processed until the application fee has been paid. It currently cannot be paid through the Self-Insurance Plus Portal. Please remit fee to:

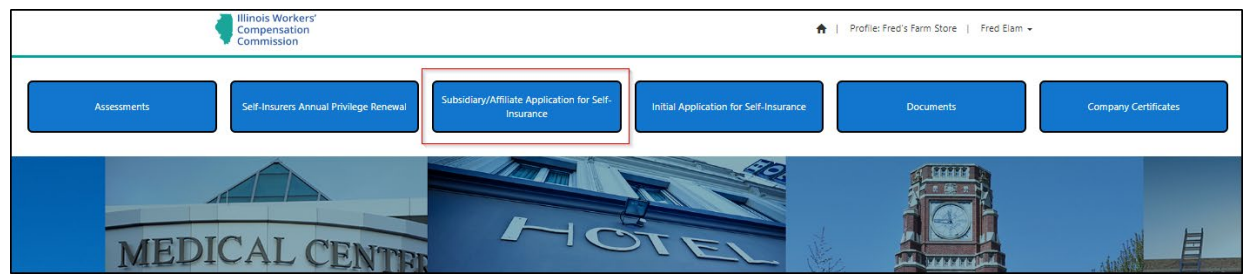
**Illinois Workers' Compensation Commission
Office of Self-Insurance Administration
400 S. Ninth Street, Suite 106
Springfield, IL 62701**

IX. Filing a Subsidiary Application for Self-Insurance in SIP

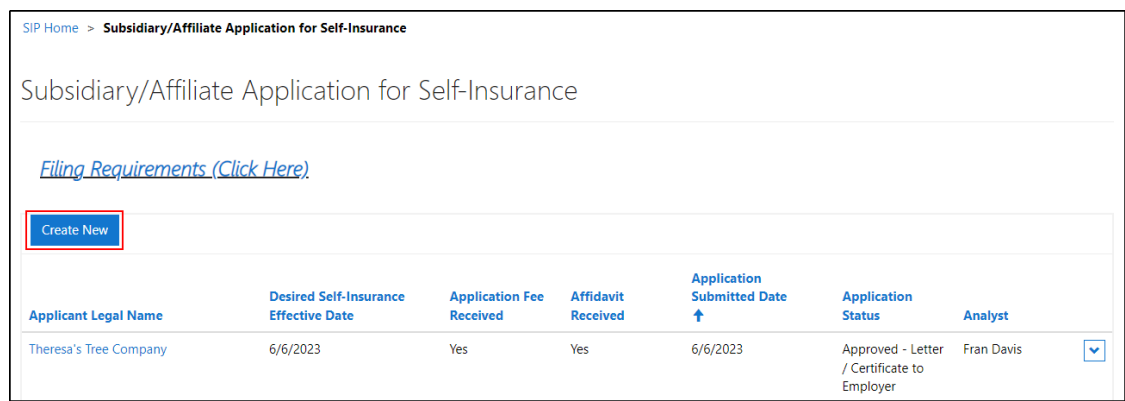
A. How to File a Subsidiary Application

A subsidiary application is filed when an approved self-insurance employer seeks to add subsidiaries or affiliates to its self-insurance program. Note: prior to entering a subsidiary application, view the [Required Information and Documents for Filing a Subsidiary Application](#) instructions. Click the [Help](#) link on the bottom of the SIP portal page to go to the IWCC’s Self-Insurance information page for additional resources.

- 1. User navigates to the SIP portal and logs into their Self-Insurance account by clicking *Sign In*. Click the *Subsidiary/Affiliate Application for Self-Insurance* button.



- 2. Click the *Create New* button which generates a subsidiary/affiliate application to submit to the IWCC for approval. Once the information has been saved in the application, the status of the application can be viewed in the portal.



- 3. The *Applicant Information* screen displays. Mandatory fields are denoted with red asterisks. The percentage bar lets the user know the completion level as the screens/pages progress.
- 4. Fill in the *Applicant Legal Name*. The *Applicant Legal Name* is the full legal name of the employer applying to be self-insured within the state of Illinois.
- 5. Enter the address information and fill in the *Desired Self-Insurance Effective Date*.
- 6. Specify if it is a subsidiary or affiliate and click *Save & Next*.
- 7. If at any time during this process, you need to step away from your machine and come back later, press *Save & Next* at the bottom right of the screen. This will ensure all your work up to that point is saved, and you can come back at a later time to complete the process. Pressing

Exit will take you out of the process. Clicking *Exit* does not save the work completed on the subsidiary application.

Create Subsidiary Application

0%

Applicant Information

Applicant Legal Name *
Shady Ray's Salon

Street Address 1 *
512 Sunny Drive

Street Address 2

City *
Chicago

State *
IL

Zip *
60606

Desired Self-Insurance Effective Date *
7/1/2024

Subsidiary or Affiliate *
Subsidiary

[Exit](#) [Save & Next](#)

8. The following page presents the primary contact information. These fields auto-populate from the Parent Company profile. Click *Save & Next*.

Create Subsidiary Application

14%

Company Representative for Self-Insurance

Click magnifying glass to search.

Primary Contact
Fred Elam

First Name *
Fred

Middle Initial

Last Name *
Elam

Title
Owner and Operator

Company Name *
Fred's Farm Store

Street Address 1 *
1234 Farming Way

Street Address 2

City *
Springfield

State *
IL

Zip *
60629

Phone *
(555) 555-5555

Phone Extension

Email *
mcdafed1=fred@gmail.com

9. Enter the applicant's Federal Employer ID Number (FEIN) and Company Type. Company Type is a drop-down list: Select Individual, Partnership, Limited Liability Company (LLC), Limited Liability Partnership (LLP), Corporation, S Corporation, or Nonprofit Corporation. Only one may be selected.

10. Fill in the field for the *Nature of Business* and click the *Add NAICS Code* to open a new window.

11. Click the magnifying glass to open a search window.

12. Type the code or business description into the search bar and click the magnifying glass. Choose the correct NAICS Code/Description from the list and click *Select*. Click *Save & Close*. Repeat for each NAICS code. The use of a wildcard character is allowed/recommended in this search. You can type **farm** in the search bar to return all NAICS codes/descriptions that contain the word *physician*. If there are multiple results, choose the most appropriate NAICS Code description and click the *Select* button.

NAICS Code	NAICS Description
☒ 812112	Beauty Salons
☐ 812113	Nail Salons

Note: If an incorrect code/description was added, it can be updated or removed by using the down arrow next to the code/description. Go through the steps to *Add NAICS Code* to add the correct NAICS code.

Select the Primary NAICS codes for the Subsidiary Applicant *

[Add NAICS Code](#)

NAICS Code	NAICS Description	
812112	Beauty Salons	☒
812112	Beauty Salons	☐

☒ Update
☐ Remove

13. The remainder of this page asks the user questions relating to state of incorporation, incorporation date, and when the employer began doing business in Illinois. For the date fields, use the calendar function that allows you to have a calendar view and select the appropriate date or type the date into the box (M/D/YYYY). Click *Save & Next*.

14. Add the physical locations of each applicant. Click the *Add Physical Location* button, which opens up a new window for entering location information.

42%

List the Physical Locations of each self-insured Operation.
 Add at least one location. If more than 15 locations, provide a worksheet listing all locations. The worksheet should follow the format below and be submitted at the end of the sub application process.

[Add Physical Location](#)

Operation Name ↑	Street Address 1	Street Address 2	City	State	Zip	FEIN	Nature of Business	Avg. # Employees
There are no records to display.								

15. Enter information for each Illinois physical location to be included in the self-insurance program. Click *Save & Close*. Perform this process for each location. *At least one location is required*. After all locations have been entered, click *Save & Next*.

Create Subsidiary Application

42%

List the Physical Locations of each self-insured Operation.
Add at least one location. If more than 15 locations, provide a worksheet listing all locations. The worksheet should follow the format below and be submitted at the end of the sub application process.

Add Physical Location

Operation Name ↑	Street Address 1	Street Address 2	City	State	Zip	FEIN	Nature of Business	Avg # Employees	
Shady Rays Salon	512 Sunny Drive		Chicago	IL	60606	21-4267892	Salon	50	▼

Previous

Exit

Save & Next

Note: If there are more than 15 locations, create a worksheet with all the information contained on the *Add Physical Location* screen (Name, Street Address, City, State, Zip, FEIN, Nature of Business and Avg. # Employees). This worksheet will be uploaded in a later step, prior to submission of the subsidiary application.

16. Once you have added the location(s), the details display on the page. If an error has been made when entering the location(s), click the down arrow at the end of the location to update or remove the record. If the button to add a location is clicked in error, click the x in the top right corner to close the pop up window. Click *Save & Next* to proceed.

17. The next screen requires workers' compensation policy information. If there is a current policy in place, enter the current policy number and effective dates, as well as specific premium information and class codes.

Insurance Carrier Information

Provide Applicant's Current Workers' Compensation Insurance Policy Information

Carrier Name	Policy Number
Liberty Mutual	WC12358908234890235890
Effective From Date	Effective To Date
1/1/2024 	12/31/2024 

List the estimated annual workers' compensation premium for the last completed year for the Applicant

[Add Compensation Premium](#)

Insurance Class Code ↑	Insurance Classification Description	Number of Employees	Estimated Annual Payroll	Current Manual Rate	Estimated Annual Premium
---------------------------	---	---------------------	-----------------------------	---------------------	-----------------------------

18. To add compensation premium, click the *Add Compensation Premium* button and a new window appears. All fields are required before clicking *Save & Close*.

Compensation Premium

Insurance Class Code *	9586
Insurance Classification Description *	Beauty Salons
Number of Employees *	50
Estimated Annual Payroll *	15000000
Current Manual Rate *	1.2
Estimated Annual Premium *	\$18,000,000.00

[Save & Close](#)

19. The next screen involves claims history and requires the year end dates for the most recent three (3) completed policy years. Use the calendar function or manually enter in the dates (M/D/YYYY). When fields are completed, click *Save & Next*. If you need to go back to the previous page, click *Previous*. Note: your progress on the current page will be lost if you go back to the previous page.

The claim history for the Illinois operations to be self-insured will be requested on the next page. Provide the year end dates for the last three completed policy years below.

Policy Year Ended 1 *
M/D/YYYY

Policy Year Ended 2 *
M/D/YYYY

Policy Year Ended 3 *
M/D/YYYY

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Previous

Exit

Save & Next

[Terms & Conditions](#) | [IWCC](#)

20. This section is related to *Claims Information*. All questions must be answered in order to proceed. Click the down arrow to the right of each question to *Add* responses.

Claims Information

Provide the following claims information for your proposed self-insured operations in Illinois for the last three completed years.

Question ↑	Policy Year Ended 1	Policy Year Ended 2	Policy Year Ended 3
A. Number of accidents requiring only medical attention			
B. Number of accidents requiring lost time of more than 3 days			
C. Total dollars paid for claims			
D. Outstanding reserves (incl. medical, indemnity, & expenses). If the reserves vary by more than 20% from one year to the next, provide an explanation below.			
E. Number of Fatalities (if any fatalities, an explanation will be required. Explanation to include: employee name; injury date; cause of injury; current claim status; OSHA investigation and/or citation, if any.)			

Do the reserves in question D vary by more than 20% from one year to the next?
☒ No ☐ Yes

Previous

Exit

Save & Next

21. After the down arrow is clicked and *Add* is selected, a new window opens to enter claim information for each *Policy Year Ended*. For example, the *Total dollars paid for claims* question has fields available for all three policy years. These are manual data entry fields, so simply click in the box and respond to each line item. A value of 0 is a valid answer. When finished, click *Save & Close*.

Claims Information	
Question *	
C. Total dollars paid for claims	
Policy Year Ended 1	Dollars
12/31/2021	\$ 14,790.00
Policy Year Ended 2	Dollars
12/31/2022	\$ 9,224.00
Policy Year Ended 3	Dollars
12/31/2023	\$ 7,513.00
Save & Close	

22. After each question is answered, the user must indicate if the reserves in question D vary by more than 20% from one year to the next. If *Yes*, a box will appear to provide an explanation for the variance. Click *Save & Next* to proceed.

23. Enter the name and contact information for the safety representative, identify all medical facilities that are available, and add any employee occupational disease exposures, if applicable. *Add exposure to Substance* works like the other *Add* features in the portal: Click the button, a new window appears, enter the mandatory fields, and click *Save & Close*. If no exposures have occurred, click *Save & Next* and proceed to the next page.

Safety Representative			
First Name *	Middle Initial	Last Name *	
George		Smith	
Title			
Safety Representative			
Company Name *			
Shady Rays Salon			
Street Address 1 *		Street Address 2	
512 Sunny Drive			
City *		State *	Zip *
Chicago		IL	60606
Phone *	Phone Extension	Email *	
(812) 389-0128		mccofad1+GeorgeSmith@gmail.com	
Medical Facilities Available (Check all that apply)			
☒ First Aid	☐ In-Plant Doctor/Nurse	☐ Local Clinic	☐ Hospital
☐ Other			

24. Attach and upload the required documents into the portal prior to submitting the application to the IWCC. Prior to final submission of the subsidiary application, the user must download and print the affidavit for the officer signatures and notarization. Click *Download to Print Affidavit and Application* button to download the document. Once signed/notarized, upload along with the other required documents.

25. Click the *Attach Documents* button.

****Requirements outlined in a NOTICE letter from the Chairman must be submitted by selecting the "Documents" button on the SIP Home page.**

Attach Documents

Document Type	Submitted By	Created On ↓
There are no records to display.		

Previous Exit Download to Print Affidavit & Application Submit to IWCC

26. Once clicked, a new window appears. Click the down arrow to bring up a list of document types. Note: do this for every required document type: Select the appropriate document types one by one. Click *Save & Next*.

Document Set

Document Set Details

Document Type *

- Affidavit
- Detailed Loss Reports (3 years)
- Evidence of Current Coverage
- Experience Modification Factor-NCCI Worksheet
- Fatality Description
- Financial Statements-Parent
- Other
- Petition for Reconsideration
- Physical Locations
- Quarterly Financial Statement
- Safety Program Description

27. A secondary window opens for uploading the selected document, click *Add files*, then *Choose Files*. Locate the file(s) on your local machine and click *Add files*, then *Upload*.

Document Set

SharePoint Documents

Add files

Name ↑	Modified
Detailed Loss Runs.docx (20 KB)	less than a minute ago

Upload

28. If the user fails to upload all the required documents before clicking *Submit to IWCC*, an error message is returned.

29. The required documents include: Signed Affidavit, Evidence of Current Coverage, and Description of all Fatalities (if applicable). For uploading more than one file per document type, see section [Uploading Multiple Files within a Document Type](#).

Attach Documents

Document Type	Submitted By	Created On ↓	
Evidence of Current Coverage	Fred Elam	6/18/2024 9:44 AM	▼
Detailed Loss Reports (3 years)	Fred Elam	6/18/2024 9:43 AM	▼
Affidavit	Fred Elam	6/18/2024 9:42 AM	▼

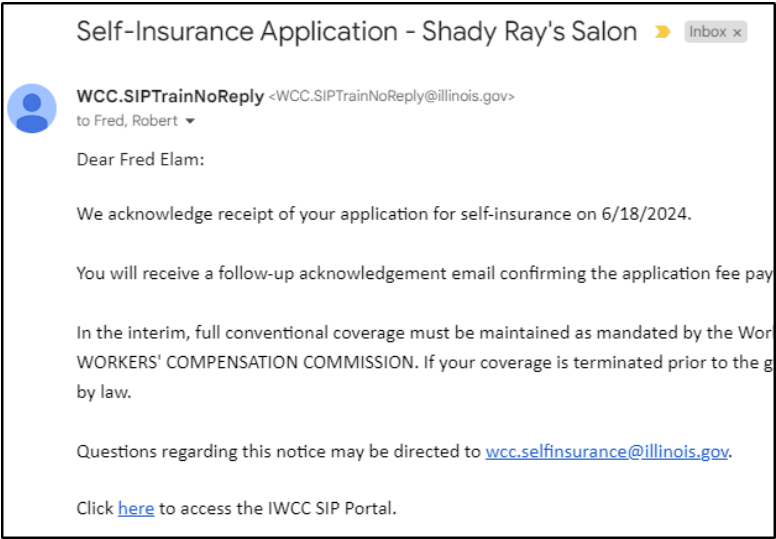
Previous

Exit

Download to Print Affidavit & Application

Submit to IWCC

30. When all documents have been attached and downloaded, select *Submit to IWCC*. Once submitted, a success message displays.
31. After submitting the subsidiary application to the IWCC, an email is sent to the primary and secondary contact acknowledging receipt.



IMPORTANT: The application will not be processed until the application fee has been paid. It currently cannot be paid through the Self-Insurance Plus portal. Please remit fee to:

**Illinois Workers' Compensation Commission
Office of Self-Insurance Administration
400 S. Ninth Street, Suite 106
Springfield, IL 62701**

X. Filing a Renewal Application for Self-Insurance in SIP

A. How to File a Renewal Application

Each private self-insurer must file an annual renewal application for its self-insurance privilege with the IWCC. The Self-Insurance Office will notify the companies when it is time to renew via an email to the primary contact and a copy to the secondary contact. Note: prior to completing a renewal application, view the [Required Information and Documents for Filing a Renewal Application](#) instructions. Click the *Help* link on the bottom of the SIP portal page to go to the IWCC's Self-Insurance information page for additional resources.

1. User navigates to the SIP portal and logs into their Self-Insurance account by clicking *Sign In*. Click the *Self-Insurers Annual Privilege Renewal* button.
2. The status of the renewal is *Renewal Sent*. Click the dropdown arrow next to the new renewal application and select *Edit* to start the application.

Self-Insurers Annual Privilege Renewal									
Profile	Renewal Year ↓	Self-Insurer Name	Analyst (Owner)	Modified Date	Renewal Application Fee Received (Y/N)	Renewal Application Status	Date submitted	Date Sent	
Fred's Farm Store	2026	Fred's Farm Store	Fran Davis	9/14/2023 1:21 AM		Renewal Sent		9/14/2023	
Fred's Farm Store	2025	Fred's Farm Store	Fran Davis	8/11/2023 10:30 AM		Renewal Sent		8/11/2023	

3. Some of the fields within the renewal application will be pre-populated based on previous data provided to the Self-Insurance office. Answer all the renewal questions and validate the information that is presented on the screen for accuracy. If any information presented on the screen cannot be edited and saved, contact the analyst.

Name and Address of Primary Self-Insurer			
Self-Insurer Name *	Fred's Farm Store	FEIN *	91-1111112
Street Address 1 *	1234 Farming Way	Street Address 2	
City *	Springfield	State *	Ill
		Zip *	60629

4. Enter the *Nature of Business* and the NAICS code(s) for the primary self-insurer and approved subsidiaries. If populated, verify information.

List the Nature of Business for the Primary Self-Insurer & Self-Insured Subsidiaries

NAICS Codes

Select the Primary NAICS codes for the Primary Self-Insurer & Self-Insured Subsidiaries *

Add NAICS Code

NAICS Code	NAICS Description	Marked for Removal ↑	
115	Support Activities for Agriculture and Forestry	No	▼
42491	Farm Supplies Merchant Wholesalers	No	▼
11	Agriculture, Forestry, Fishing and Hunting	No	▼

5. Fill in the field for *Nature of Business* if blank. If you need to add new NAICS codes, click the *Add NAICS Code* button to bring up a new window.

6. Click the magnifying glass and type the code or business description into the search bar. Choose the correct NAICS Code/Description from the list and click *Select*. The use of a wildcard character is allowed/recommended in this search. You can type **Farm** in the search bar to return all NAICS codes/descriptions that contain the word farm. If there are multiple results, click the box for the appropriate NAICS description and click the *Select* button.

7. Click *Save & Close* on the NAICS Code window.

Note: The NAICS Code selection you made appears in the sub grid below the code and description. If there is a wrong code/description listed, click the down arrow at the end of the NAICS Code sub grid and click *update* or *Mark for Removal*.

To search on partial text, use the asterisk (*) wildcard character.

Farm

Choose one record and click Select to continue

NAICS Code ↑	NAICS Description
☐ 11	Agriculture, Forestry, Fishing and Hunting
☐ 111	Crop Production
☐ 1111	Oilseed and Grain Farming
☐ 11111	Soybean Farming
☐ 111110	Soybean Farming
☐ 11112	Oilseed (except Soybean) Farming
☐ 111120	Oilseed (except Soybean) Farming

< 1 2 3 4 5 6 7 8 .. 239 >

Select Cancel Remove value

Add NAICS Code

NAICS Code	NAICS Description	Marked for Removal ↑
42491	Farm Supplies Merchant Wholesalers	No

Update
Mark for Removal

8. If there is an ultimate parent company, it would be present on this screen. If there are corrections that need to be made, click in the *Corrections* text box, and enter those corrections. Once complete, Click *Save & Next*.

NAICS Codes
Select the Primary NAICS codes for the Primary Self-Insurer & Self-Insured Subsidiaries *

[Add NAICS Code](#)

NAICS Code	NAICS Description	Marked for Removal ↑
115	Support Activities for Agriculture and Forestry	No v
42491	Farm Supplies Merchant Wholesalers	No v
42491	Farm Supplies Merchant Wholesalers	No <input checked="" type="button" value="v"/>
11	Agriculture, Forestry, Fishing and Hunting	No v

Parent Company
If applicable, name the Ultimate Parent Company of the Primary Self-Insurer

Ultimate Parent Company Ultimate Parent Company Type

Corrections

9. The next section lists the approved subsidiaries/affiliates. The user should verify the information for accuracy. If any of the information is incorrect, or if the employer needs a subsidiary/affiliate to be removed from the self-insurance program, select the dropdown arrow to the right of the company to update. In the new window, show changes in the *Corrections* text box and select *Yes* if the subsidiary is to be *Marked for Termination*.

The following text boxes will not be pre-populated:

- The *Other Subsidiaries or Affiliates* text box should reflect the subsidiaries that are not approved self-insurers.
- The *Other States* text box should list all the states where the employer is currently self-insured for workers' compensation.

10. Once information is provided, click *Save & Next*. If you need to go back to the prior page, click *Previous* and you will be taken back one page.

Note: At any time during the renewal application process, if you need to step away from your machine and come back later, click *Save & Next* at the bottom right of the screen. This will ensure all your work up to that point is saved, and you can come back later to complete the process. Pressing *Exit* will take you out of the process. Clicking *Exit* does not save the work completed on the renewal application.

Self-Insured Subsidiaries / Affiliates

Legal Name ↑	FEIN	Self-Insured Effective Date	Street Address 1	Street Address 2	City	State	Zip	Subsidiary Or Affiliate	Corrections	Remove from Self-Insurance
Daisy's Dandelions	26-9124361	6/6/2023	525 NIMBY Road		Springfield	Ill	60629	Subsidiary	No	No v
Dudley's Farm Machinery Shop	81-2222222	6/6/2023	562 International Way		Springfield	Ill	60629	Subsidiary	No	No v
Theresa's Tree Company	91-4267254	6/7/2023	126 Grow This Way Lane		Springfield	Ill	60629	Subsidiary	No	No v

Other Subsidiaries or Affiliates
List any Illinois subsidiaries/affiliates not listed above and indicate the insurance company providing workers' compensation coverage.

11. Self-insured locations reported by the employer are listed on the *Physical Location* screen. The user can update or remove any locations from the list by selecting the dropdown arrow next to the operation name and select *Update*. Click *Save & Close* when done updating.

12. New self-insured locations can be added by using the *Add Physical Location* button. Once the locations information is correct, click *Save & Next*.

Note: If there are more than 15 locations, create a worksheet with all of the information contained on the *Add Physical Location* screen (Operation Name, Street Address 1, Street Address 2 if applicable, City, State, Zip, FEIN, Nature of Business and Avg. # Employees). This worksheet will be uploaded in a later step, prior to submission of the renewal application to the IWCC. If the button to add a location is selected in error, click the x in the top right corner to close the pop up window. Clicking *Save & Close* will not allow you to move forward as the system expects data to be added to the fields before continuing. If the location needs to be deleted from this screen, select *Yes* for *Marked for Deletion* within the *Physical Location* pop-up window.

Edit Renewal Application

20%

List the Physical Locations of each self-insured Operation.
Add at least one location. If more than 15 locations, provide a worksheet listing all locations. The worksheet should follow the format below and be submitted at the end of the renewal process.

Add Physical Location

Operation Name ↑	Street Address 1	Street Address 2	City	State	Zip	FEIN	Avg # Employees	Nature of Business	
Daisy's Dandelions	525 NIMBY Road		Springfield	Ill	60629	26-9124361	75	Landscaping Services	▼
Dudley's Farm Machinery Shop	562 International Way		Springfield	Ill	60629	81-2222222	58	Farm and Garden Machinery	▼
Fred's Farm Store	1234 Farming Way		Springfield	Ill	60629	91-1111112	112	Farm Store	▼
Theresa's Tree Company	126 Grow This Way Lane		Springfield	Ill	60629	91-4267254	70	Agriculture	▼

Previous

Exit

Save & Next

13. The *Company Representatives* provides previously reported information about primary, secondary, and assessment contacts. Verify the contact information for accuracy. If a contact change is necessary, click the magnifying glass next to the current contact to select and replace with another registered contact. To delete the current contact, click the X, as shown in the screenshot below.

Company Representatives

1. To change any contact listed below to another registered contact, click the magnifying glass and select the contact from the list.
2. If a new contact should be added, select *Company Contacts* in the top right corner using the drop-down menu and *Create New Contact*. Return here and repeat Step 1.
3. To change information for a contact listed below, that contact should sign in, select *Contact Profile* in the top right corner using the drop-down menu or click the *Contact Us* link below requesting IWCC make the change.

Primary Contact

Click magnifying glass to search.

Primary Contact: Fred Elam

First Name *: Fred Middle Initial: Last Name *: Elam Title *: Owner and Operator

Company Name *: Fred's Farm Store

Street Address 1 *: 1234 Farming Way Street Address 2:

City *: Springfield State *: Ill Zip *: 60629

Phone *: (555) 555-5555 Phone Extension: Email *: mcdlad1+Fred@gmail.com

Secondary Contact

Click magnifying glass to search.

Secondary Contact: Robert Peak

14. If the Company Admin has added one or more company contacts to the profile, the user is able to click the magnifying glass and type in the name of the contact to be added for the three representative roles. Once you have found the contact's name, click to put a check mark next to the name and click the *Select* button. The contact information for the selected user auto-populates the name, address, and phone. Do this for each contact type. If a person is chosen for a specific contact type by accident, put a check mark next to their name and click the *Remove Value* button. Repeat the above steps to add in the correct contact. You are ready to move to the next screen by clicking *Save & Next*.

Lookup records

Search:

Choose one record and click Select to continue

Full Name ↑	Email	Phone
☒ Fred Elam	mcdlad1+Fred@gmail.com	(555) 555-5555
☐ Robert Peak	mcdlad1+RobertPeak@gmail.com	(566) 124-2109

15. Information regarding the claims service agency/claims self-administrator appears on the next page. If everything is correct, click *Save & Next*. If the information is not correct, you may update or remove the listed administrator by clicking the dropdown arrow to the right of the company.

16. To add a new claims administrator, click the *Add Claims Administrator* button. After entering all required fields, click *Save & Close* to close out the window and click *Save & Next* to move to the next screen. Note: a copy of the new claims service agency contract or amendment must be uploaded at a later step.

Claims Administrator
Provide contact information for Claims Service Agency OR if self-administered, the company Claims Administrator.

[Add Claims Administrator](#)

any ↑	First Name	Middle Initial	Last Name	Title	Street Address 1	Street Address 2	City	State	Zip	Phone	Email	Type	Active
	Julia	Kays		Claims Admin	625 Eureka Drive		Springfield	Ill	60612	(712) 555-6646	mcdfad1+Julia@gmail.com	Claims Self-Administrator	Yes
	Robert	Peak		Business Administrator	1234 Farming Way		Springfield	Ill	60629	5661242189	mcdfad1+Robertpeak@gmail.com	Claims Self-Administrator	Yes
	Fred	Elam		Owner and Operator	1234 Farming Way		Springfield	Ill	60629	(555) 555-5555	mcdfad1+Fred@gmail.com	Claims Self-Administrator	Yes

Previous Exit Save & Next

17. Information regarding the Security instruments maintained by the IWCC is listed on the next screen in detail. If there are corrections, they may be added to the *Security Instruments Correction* box.

Security Instruments

Type of Security Instrument ↑	Amount	Security Instrument Number	Surety Company or Bank
There are no records to display.			

Security Instruments Correction

Letter of Credit; 2,000,000; Security Instrument Number: 111111; Surety Company/Bank: Existing

18. Information regarding the current excess insurance reported to the IWCC is also listed on this page. New policy information should be added here by clicking *Add Excess Policy Information*. After entering the required data, click *Save & Close*. Note: a copy of the new excess certificate must be uploaded at a later step. Once finished, click *Save & Next*.

Excess Insurance Policy

If this policy has been replaced, select "Add Excess Policy Information" and enter the new policy details. A copy of the current certificate (IC80) must be uploaded prior to submission of the renewal

[Add Excess Policy Information](#)

Excess Insurance Carrier	Policy Number	Effective Date	Expiration Date	Specific Limit	Specific Retention	Aggregate Limit	Aggregate Retention
--------------------------	---------------	----------------	-----------------	----------------	--------------------	-----------------	---------------------

There are no records to display.

[Previous](#) [Exit](#) [Save & Next](#)

19. Provide information about *Employees & Wages* on the next page; simply click and type within the text boxes provided. Click *Save & Next*. Note: a copy of the wage reports must be uploaded at a later step.

Employees & Wages

*Obtain this information from your Employers' Contribution and Wage Report filed quarterly with the Dept. of Employment Security and provide copies of the reports and summary totals to evidence your response (Form UI - 3/40).

Average number of employees in Illinois for 2025:

500

Actual Illinois Wages Paid in 2025:

15000000

[Previous](#) [Exit](#) [Save & Next](#)

20. On the Illinois Loss History screen, data for previous years will be pre-populated based on previous reports provided to the Self-Insurance office. Claims information from the previous calendar year must be added by clicking the down arrow for each line item.

Illinois Loss History

Question	2025	2024	2023	2022	2021	
9A. Number of accidents requiring medical treatment other than first-aid that occurred during the calendar year. (Note: Obtain this information from your OSHA Log columns G, H, I, J.)	6	8	12	15	13	▼
9B. Number of accidents requiring lost time of more than three days that occurred during the calendar year. (Note: Obtain this information from your OSHA Log column K)	1	2	1	4	2	▼
9C. Total dollars paid for Workers' Compensation Claims during calendar year. It is irrelevant what year the injury occurred; simply indicate total amount paid for Illinois claims during each calendar year. Do not subtract subrogation recovery or refunds when reporting compensation payments. THESE TOTALS SHOULD INCLUDE MEDICAL, INDEMNITY AND EXPENSE PAYMENTS.	\$45,000.00	\$57,000.00	\$67,250.00	\$172,600.00	\$185,244.00	▼
9D. Total amount of indemnity paid for Workers' Compensation claims in each calendar year. It is irrelevant what year the injury occurred; simply indicate total amount paid for Illinois indemnity payments during each calendar year. Do not subtract subrogation recovery or refunds when reporting compensation payments.	\$76,000.00	\$95,000.00	\$750,000.00	\$600,000.00	\$245,000.00	▼

[Previous](#) [Exit](#) [Save & Next](#)

Note: The pre-populated information contained within the previous years' fields cannot be updated here. Corrections must be indicated within the *Comments* field. The Self-Insurance office will review the corrections and contact the company if necessary. When all answers have been provided, click *Save & Next* to move to the next page of the renewal application. Note: a copy of the paid loss reports must be uploaded at a later step.

21. Provide Outstanding Loss Reserves detail. The requested validation date for the reserves is indicated. Click within the text box and enter the appropriate information for each question listed. *Total Outstanding Loss Reserves* is a calculated field and therefore cannot be edited. If *Total Outstanding Loss Reserves* have increased or decreased more than 20% from the amount provided, please detail within the text box on this screen. Note: a copy of the outstanding loss reserves must be uploaded at a later step. Click *Save & Next*.

Total Outstanding Loss Reserves for all Illinois Self-Insured claims.

This number represents the total amount reserved (but not paid) regarding all claims occurring in any year as of the date stated above.

Medical Reserve

Indemnity Reserve

Expense Reserve

Total Outstanding Loss Reserves

\$6,000,000.00

If Total Outstanding Loss Reserves have increased or decreased more than 20% from the amount provided on last year's renewal, provide an explanation.

22. Two questions are presented on the next page. Simple No/Yes responses are required; Notice if you select *Yes* on the second question, a reason for change in financial condition is required. Provide the reason and click *Save & Next*.

90%

Annual Financial Statement

Please indicate whether or not your company is required to file a 10K with the Securities Exchange Commission

☒ No ☐ Yes

Change in Financial Condition

Has any substantial change in the financial condition occurred or expected to occur, such as leveraged buyouts, mergers, major debt offering or bankruptcy?

☐ No ☒ Yes

Reason for change in financial condition *

23. The last screen (noted with 100% complete in the blue bar across the top) instructs the user to attach the required documents for the renewal. This is a mandatory step, and the renewal application cannot be submitted until the appropriate documents are attached.

Renewal Application Documents

NOTE: The "Exit" button on this screen will Save any information entered and uploaded.

1. A signed Affidavit is required. Select "Download to print Affidavit & Application" below to print and save.
2. Select "Attach Documents." Choose one Document Type from the drop down list, add your file and upload. Repeat for each required Document Type.
3. Once all the required documents are uploaded, click "Submit to IWCC" button. An error message will appear listing any missing documents.
4. Once the application is submitted, you will receive an email notification acknowledging its receipt.

Use consistent and descriptive file names that associate the document with this Application. Do not use the file names that contain the following special characters: /?*<>|. Max file size is 10 megabytes.

****Requirements outlined in a NOTICE letter from the Chairman must be submitted by selecting the "Documents" button on the SIP Home page.**

Attach Documents

Document Type	Submitted By	Created On
There are no records to display.		

Previous Exit Download to Print Affidavit & Application **Submit to IWCC**

24. Per the instructions on the page, the first step is to select the *Download to Print Affidavit & Application* button to print and save the renewal application. A download appears as a Microsoft Word document: Click on it to open. A *draft* of the application is presented to you for printing/reviewing/saving. The affidavit must be signed and notarized. Please note this is not the submitted renewal application.

25. Next, click the *Attach Documents* button and the *Document Type* drop down displays the various documents available for upload for the renewal application. Select the document type, then click the *Add Files* button from the pop-up window. Navigate to the file you are uploading, click *Add Files*, and click the *Upload* button. Please note only one document type may be uploaded at a time. You must complete these steps for every document you upload into the SIP system. For uploading more than one file per document type, see section: [Uploading Multiple Files within a Document Type](#).

Document Set

Document Set Details

Document Type *

- Affidavit
- Certificate of Excess Insurance
- Collectible Excess Insurance Report
- Detailed Loss Report
- Financial Condition Change Explanation
- Financial Statements-Parent
- Other
- Outstanding Claim Reserve Report
- Petition for Reconsideration
- Physical Locations
- Quarterly Financial Statement
- Service Agency Agreement
- Staffing Company Additional Document
- Wage Reports

26. Once the documents have been attached, click *Submit to IWCC*. If a document has been omitted, an error message displays listing the missing documents. Once all required documents have been submitted, a success message displays.

Edit Renewal Application

Submission completed successfully.

Required documents for the renewal application include:

Signed Affidavit
Financial Statements-Parent
Outstanding Claim Reserve Report
Detailed Loss Reports
Wage Reports

These documents are required (if applicable, based on responses within the renewal):

Collectible Excess Insurance Report
Service Agency Agreement
Certificate of Excess Insurance
Evidence of conventional insurance coverage for Terminated subsidiary/affiliates (select other)
Financial Condition Change Explanation

Additional Support Documents:

Physical Locations List
Spreadsheet with columns in the following order: Operation Name, Street Address1 and 2 (if applicable), City, State, Zip, FEIN, Nature of Business and Avg. # Employees
Quarterly Financial Statement
Staffing Company Additional Document
Other

POST SUBMISSION OF THE RENEWAL APPLICATION

IMPORTANT: The renewal application will not be processed until the renewal fee has been paid. It currently cannot be paid through the self-insurance Plus Portal. Please remit fee to:

**Illinois Workers' Compensation Commission
Office of Self-Insurance Administration
400 S. Ninth Street, Suite 106
Springfield, IL 62701**

No changes may be made to the renewal application after it is submitted. It can be viewed, but not altered. If you make a mistake on the renewal application, you may contact the IWCC by clicking the *Contact Us* at the bottom left of the screen, allowing you to email the self-insurance team for assistance (wcc.selfinsurance@illinois.gov).

If the user failed to attach a document, they could go back to the *Upload Document* screen and attach it. Click on the *Self-Insurers Annual Privilege Renewal* from the SIP homepage screen to return to the renewal screen. Select the renewal to attach additional documents. The system will take you to the last page with the *Attach Documents* button.

To follow the status of the renewal, click on the *Self-Insurers Annual Privilege Renewal* button from the SIP homepage and select the renewal.

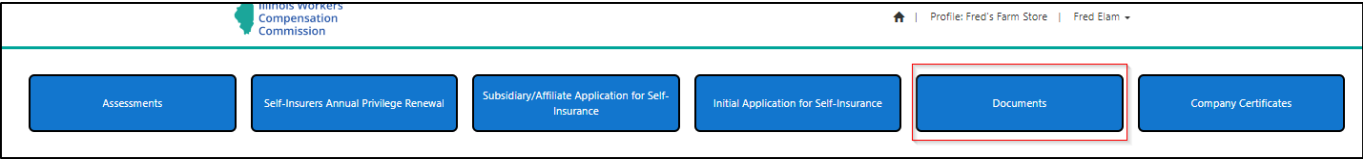
Profile	Renewal Year ↓	Self-Insurer Name	Analyst (Owner)	Modified Date	Renewal Application Fee Received (Y/N)	Renewal Application Status	Date submitted	Date Sent	
Fred's Farm Store	2026	Fred's Farm Store	Fran Davis	4/17/2024 10:53 AM		Renewal Received	9/14/2023	9/14/2023	▼
Fred's Farm Store	2025	Fred's Farm Store	Fran Davis	6/18/2024 3:06 PM		Renewal Received	6/18/2024	6/5/2024	▼

Note: Please note the status of items you submit to the IWCC. Certain status descriptions allow you to make updates or edits, while some do not.

Once IWCC reviews the application and the Notice is signed by the Chairman, the primary and secondary contacts will receive an email that a Notice is available to be viewed. Click on the *Self-Insurers Annual Privilege Renewal* button from the SIP homepage to return to the renewal application screen. Select the dropdown arrow to the right of the *Renewal Year*, select *View*. Click *Next*. The Notice letter will be listed with all the documents the user previously uploaded. The Notice letter can be viewed/downloaded by clicking the down arrow. **IMPORTANT:** There may be deadline requirements in the Notice.

Profile	Renewal Year ↓	Self-Insurer Name	Analyst (Owner)	Modified Date	Application Fee Received (Y/N)	Application Status	Date submitted	Date Sent	
Fred's Farm Store	2026	Fred's Farm Store	Fran Davis	4/17/2024 10:53 AM		Renewal Received	9/14/2023	9/14/2023	▼
Fred's Farm Store	2025	Fred's Farm Store	Fran Davis	6/18/2024 3:06 PM		Renewal Received	6/18/2024	6/5/2024	▼ View
Fred's Farm Store	2024	Fred's Farm Store	Wendy Keithley	11/20/2023 2:43		Renewal	6/8/2023		▼

After reviewing the *notice*, any required documents can be uploaded by clicking the *Documents* button from the SIP homepage (refer to [Documents button](#) description for additional information).



XI. Self-Insurance Termination Request

A. How to Request Termination of Self-Insurance Privilege.

1. If an approved self-insurer is terminating its self-insurance privilege, a user may begin the termination process by clicking the *Company Certificates* button from the SIP homepage. The certificates page shows all the company’s self-insurance certificates.

Illinois Workers' Compensation Commission

Profile: Fred's Farm Store | Fred Elam

SIP Home > Company Certificates

Company Certificates

Search Certificates

Q

Company Name ↑	FEIN	Certificate Number	Parent Profile	Self-insurance Date	Termination Date	Status Reason ↑
Daisy's Dandelions	26-9124361	202326-9124361	Fred's Farm Store	6/6/2023		Active ☑
Dudley's Farm Machinery Shop	81-2222222	202381-2222222	Fred's Farm Store	6/6/2023		Active ⌵
Fred's Farm Store	91-1111112	202391-1111112	Fred's Farm Store	6/6/2023		Active ⌵

Create Termination Request

Download

2. Click the down arrow next to the company being terminated from the self-insurance program and select *Create Termination Request*. Enter the date termination is requested.
3. There are required fields for the termination request, one of which is a *Reason* for the termination. Provide the details as to why you wish to terminate self-insurance; click *Save & Next*.

Illinois Workers' Compensation Commission

Profile: Fred's Farm Store | Fred Elam

SIP Home > Company Certificates > New Termination Request

New Termination Request

0%

Company Name

Daisy's Dandelions

FEIN

26-9124361

Self-Insurance Effective Date

6/6/2023

Termination Requested Date *

9/15/2023

Reason *

No longer in business.

After selecting "Save & Next", choose at minimum one document to attach supporting the termination of the above-referenced company.

Exit

Save & Next

4. Click *Attach Documents* to select the appropriate document type to upload. Choose *Add Files* and navigate to the appropriate document for upload. Once selected, click *Add files*, *Choose Files*, navigate to the document on your local machine, *Add Files*, and click *Upload*.

Note: At least one of the document types listed below in the screenshot must be attached for the termination request. Once attachment(s) is complete, click *Submit to IWCC*.

Document Set

Document Set Details

Document Type *

- Claim Reserves Report
- Evidence of Conventional Coverage
- Other
- Press Release
- Sales Agreement
- Termination Request

5. As per the instructions on the page, you will receive an email notification of receipt of the request and the *Company Certificates* page will reflect the submission.

6. Once IWCC reviews and approves the request, a Certificate of Termination will be issued, and available via the SIP home screen.

Company Certificates						
Search Certificates						
Company Name ↑	FEIN	Certificate Number	Parent Profile	Self-Insurance Date	Termination Date	Status Reason ↑
Daisy's Dandelions	26-9124361	202326-9124361	Fred's Farm Store	6/6/2023		Active v
Dudley's Farm Machinery Shop	81-2222222	202381-2222222	Fred's Farm Store	6/6/2023		Active v
Fred's Farm Store	91-1111112	202391-1111112	Fred's Farm Store	6/6/2023		Active v
Theresa's Tree Company	91-4267254	202391-4267254	Fred's Farm Store	6/7/2023		Certificate of Approval to Employer v

Termination Requests						
Search Termination Reque:						
Company Name ↑	FEIN	Certificate Number	Parent Profile	Self-Insurance Date	Termination Date	Status Reason
Daisy's Dandelions	26-9124361	202326-9124361	Fred's Farm Store	6/6/2023	9/15/2023	Submitted v

7. If you submit a termination request by mistake, or realize after the fact, that you need to withdraw the termination request, please contact the IWCC for assistance. *You cannot withdraw the termination request in the portal.*

8. When IWCC has processed the termination certificate, the status reason for the request will be *Completed*, as shown below.

Company Certificates

Company Name ↑	FEIN	Certificate Number	Parent Profile	Self-Insurance Date	Termination Date	Status Reason ↑
Daisy's Dandelions	26-9124361	202326-9124361	Fred's Farm Store	6/6/2023		Active
Dudley's Farm Machinery Shop	81-2222222	202381-2222222	Fred's Farm Store	6/6/2023		Active
Fred's Farm Store	91-1111112	202391-1111112	Fred's Farm Store	6/6/2023		Active
Theresa's Tree Company	91-4267254	202391-4267254	Fred's Farm Store	6/7/2023		Certificate of Approval to Employer

Create Termination Request

Download

Termination Requests

Company Name ↑	FEIN	Certificate Number	Parent Profile	Self-Insurance Date	Termination Date	Status Reason
Daisy's Dandelions	26-9124361	202326-9124361	Fred's Farm Store	6/6/2023	9/15/2023	Completed

9. As shown above, you may download a copy of the termination certificate by clicking the down arrow on the certificate line item and selecting *download*. A new window appears; click the blue link to view/download the termination certificate.

XII. Filing an Initial Application for Self-Insurance Required Information and Documents for the Self-Insurance Plus System

Private employers: After answering the application questions in the online system, you must download an affidavit page for the signatures of the appropriate company officers and notary. Then you will be required to upload the signed affidavit before final submission of the application. The information and documents required to complete the application are listed below.

In addition, the online application will not be processed until receipt of the nonrefundable application fee of **\$500** for each separate legal entity applying. You will receive an email confirmation upon our receipt of the application payment and all required documents.

Electronic payment: <https://magic.collectorsolutions.com/magic-ui/en-US/Login/illinois-workers-comp-commissio>

Select Payment Category: *Self-Insurers Security Fund*

Select Payment Type: *Renewal/Application Fee*

OR

Check payable to the: "Illinois Workers' Compensation Commission"

Mail to: Illinois Workers' Compensation Commission - Office of Self-Insurance
400 S. Ninth Street, Suite 106, Springfield, IL 62701

Gather the following information and documents before starting the online application. Note if the application information is not entered in one session, you will be able to save and resume the process until final submission.

- 1) Representative information for primary, secondary, and assessment contacts.
- 2) Federal Employer Identification Number (FEIN) for applicant, any applying subsidiaries, and ultimate parent, if applicable.
- 3) North American Industry Classification System (NAICS) code(s) describing nature of business.
- 4) Corporate principals' contact information.
- 5) Physical locations. If more than 15, a list can be uploaded following the online format.
- 6) Evidence of current coverage.
- 7) Estimated annual workers' compensation premium for the last completed calendar year detailing the insurance class codes, estimated payroll, and current manual rate.
- 8) Detailed loss runs for the last 3 completed years.
- 9) Description of fatalities, if any.
- 10) Proposed claims administrator information.
- 11) Safety Representative information and a description of the safety program for the Illinois operations.
- 12) Information regarding any potential exposure to substances that may cause occupational disease.
- 13) Explanation if workers' compensation insurance has been refused or canceled.
- 14) Explanation if an application for self-insurance has been denied or a certification revoked.
- 15) List of other self-insured jurisdictions.
- 16) Financial Statements
 - (a) If the applicant has an ultimate parent, provide the ultimate parent company's audited financial statements for the most recent three years.
 - (b) If the applicant has no ultimate parent, provide the applicant's audited financial statements for the most recent three years.
 - (c) If certified audited financial statements are not prepared, provide the financial statements prepared by an outside accountant for the most recent three years.
- 17) Current 10Q or internal quarterly balance sheet and income statement.
- 18) Experience Modification Factor report. Provide an explanation if the factor is greater than one.
- 19) Organizational Chart indicating which entities with operations in Illinois are seeking self-insurance.
- 20) Excess insurance quotes if applicant chooses to purchase excess coverage.

Direct questions to: wcc.selfinsurance@illinois.gov

Revised 5/8/2024

XIII. Filing a Subsidiary Application for Self-Insurance Required Information and Documents for the Self-Insurance Plus System

Private employers: After answering the application questions in the online system, you must download an affidavit page for the signatures of the appropriate company officers and notary. Then you will be required to upload the signed affidavit before final submission of the application. The information and documents required to complete the application are listed below.

In addition, the online application will not be processed until receipt of the nonrefundable application fee of **\$500** for each separate legal entity applying. You will receive an email confirmation upon our receipt of the application payment and all required documents.

Electronic payment: <https://magic.collectorsolutions.com/magic-ui/en-US/Login/illinois-workers-comp-commissio>

Select Payment Category: *Self-Insurers Security Fund*

Select Payment Type: *Renewal/Application Fee*

OR

Check payable to the: "Illinois Workers' Compensation Commission."
Mail to: Illinois Workers' Compensation Commission - Office of Self-Insurance
400 S. Ninth Street, Suite 106, Springfield, IL 62701

Gather the following information and documents before starting the online application. Note if the application information is not entered in one session, you will be able to save and resume the process until final submission.

- 1) Federal Employer Identification Number (FEIN) for applying subsidiaries.
- 2) North American Industry Classification System (NAICS) code(s) describing nature of business.
- 3) Physical locations. If more than 15, a list can be uploaded following the online format.
- 4) Evidence of current coverage, if applicable.
- 5) Estimated annual workers' compensation premium for the last completed calendar year detailing the insurance class codes, estimated payroll, and current manual rate, if applicable.
- 6) Detailed loss runs for the last 3 completed years, if applicable.
- 7) Description of fatalities, if any.
- 8) Safety Representative information and a description of the safety program for the Illinois operations.
- 9) Information regarding any potential exposure to substances that may cause occupational disease.
- 10) Financial Statements
 - (a) If the applicant has an ultimate parent, provide the ultimate parent company's audited financial statements for the most recent three years.
 - (b) If the applicant has no ultimate parent, provide the applicant's audited financial statements for the most recent three years.
 - (c) If certified audited financial statements are not prepared, provide the financial statements prepared by an outside accountant for the most recent three years.
- 11) Current 10Q or internal quarterly balance sheet and income statement.
- 12) Experience Modification Factor report, if applicable. Provide an explanation if the factor is greater than one.
- 13) Organizational Chart indicating which entities with operations in Illinois are seeking self-insurance.

Direct questions to: wcc.selfinsurance@llinois.gov

Revised 5/8/2024

XIV. Filing a Renewal Application for Self-Insurance Required Information and Documents for the Self-Insurance System

Private employers: After answering the renewal application questions in the online system, you must download an affidavit page for the signatures of the appropriate company officers and notary. Then you will be required to upload the signed affidavit before final submission of the renewal application. The information and documents required to complete the renewal application are listed below.

In addition, the online application will not be processed until receipt of the nonrefundable application fee of **\$500** for each separate legal entity renewing. You will receive an email confirmation upon our receipt of the renewal payment and all required documents.

Electronic payment: <https://magic.collectorsolutions.com/magic-ui/en-US/Login/illinois-workers-comp-commissio>

Select Payment Category: *Self-Insurers Security Fund*

Select Payment Type: *Renewal/Application Fee*

OR

Check payable to the: "Illinois Workers' Compensation Commission"

Mail to: Illinois Workers' Compensation Commission - Office of Self-Insurance
400 S. Ninth Street, Suite 106, Springfield, IL 62701

Gather the following information and documents before starting the online application. Note if the application information is not entered in one session, you will be able to save and resume the process until final submission.

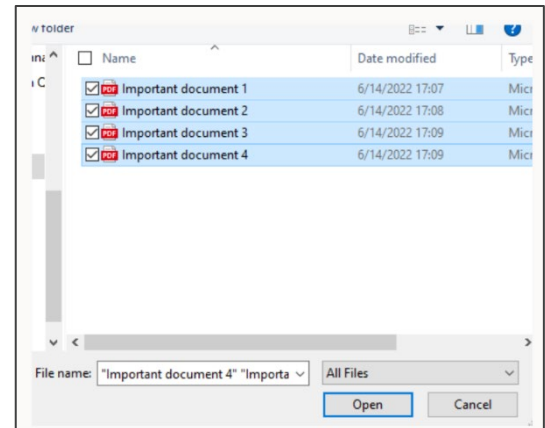
- 1) Claims administrator information, including the Service Agency agreement, if applicable.
- 2) Certificate of Excess Insurance.
- 3) Wage report for prior calendar year.
 - 4) Claim Payment report for prior calendar year.
 - 5) Claim Reserve report valued as of the most recent quarter ended.
 - 6) Collectible excess insurance report, if applicable.
 - 7) Financial Statements
 - (a) If the applicant has an ultimate parent, provide the ultimate parent company's audited financial statements.
 - (b) If the applicant has no ultimate parent, provide the applicant's audited financial statements.
 - (c) If certified audited financial statements are not prepared, provide the financial statements prepared by an outside accountant.

Direct questions to: wcc.selfinsurance@llinois.gov

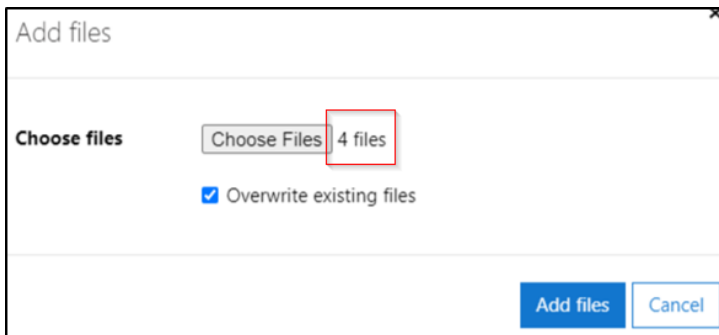
Revised 5/8/2024

XV. Uploading Multiple Files within a Document Type

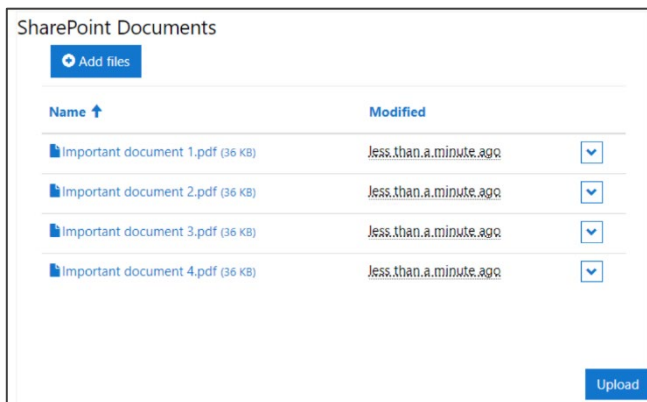
1. Click any of the *Attach Documents* buttons. The *Document Type* box appears.
2. Select the document type appropriate for the document and in the *Add files* modal, select the files pertinent to the document type.
 - a) You can click *Ctrl* and select the files one at a time.
 - b) You may also click the *Shift* button and click the first and last files to select all files in between.



3. Click *Open*. Notice in the *Add files* modal, the number of files is displayed.



4. Click *Add files*. The list of files to upload is displayed.



5. Click *Upload* and the documents are uploaded into the portal. Click [here](#) to go back to uploading single files to SIP.

XVI. Glossary of Terms

Affiliate: A company associated with another company under common ownership.

Assessment: Illinois Workers' Compensation Commission's statutory requirement to fulfill self-funding obligations.

Corporate Principal(s): Also known as a Corporate Officer, a high-level management executive such as CEO, CFO, treasurer, president, vice-president, or secretary.

Estimated Annual Payroll: The projected annual payroll for any individual workers' compensation insurance classification code.

Excess Insurance: An insurance policy that indemnifies the self-insured employer for workers' compensation claims exceeding a designated dollar amount.

Experience Modification Factor: A numerical score of a company's workers' compensation claims history. It is the ratio of a company's actual claim costs compared to the expected costs for companies of similar size in the same industry.

Insurance Classification Codes: Three- or four-digit numerical code assigned by the National Council on Compensation Insurance (NCCI). These codes are assigned to differentiate between various job duties or work performed by employees.

Insurance Company: a company that sells a policy promising to pay for certain losses. Insurance companies that do *not* write workers' compensation insurance policies in Illinois, but are licensed to do so, are *still* required to complete Rate Adjustment/Second Injury Funds assessments.

Local Public Entity: any city, county, village, township, school district, or any other political subdivision organized under the laws of this state. An Illinois public entity may insure itself under the IWCC Acts and shall file annually with the IWCC its election to self-insure.

Loss Runs: A report showing a company's claim activity. A loss run includes claimant name, policy number, date of injury, type of injury, claim status, amounts paid and reserved.

Manual Rate: A unit of cost that is multiplied by an exposure base to determine an insurance premium.

Non-SI Company: Refers to portal users that are not private employers certified for the self-insurance privilege. These include insurance companies, local public entities, and pools. Non-SI Companies can only access *Assessments* in the SIP portal. (If you are an insurance company and you do *not* write workers' compensation insurance policies in Illinois, but are licensed to do so, you are *still* required to complete the assessment form).

Operations Fund: Created to pay the administrative costs of the Illinois Workers' Compensation Commission. More information regarding this fund can be found on the [Assessments](#) page of the Commission's website.

Pools-Group Workers' Compensation /Intergovernmental /Not-For-Profit Trust: Two or more employers or members of an association with homogenous risk characteristics that have combined their workers' compensation liability exposure collectively.

Private Self-Insured Employer: An employer granted permission to assume the financial responsibility for providing workers' compensation benefits for its employees.

Rate Adjustment Fund (RAF): Created to pay cost-of-living increases to individuals who are either permanently or totally disabled or the survivors of fatally injured workers. Individuals who receive permanent and total disability or death benefits are eligible. More information regarding this fund can be found on the Commission's website: [Assessments Page](#) .

Second Injury Fund (SIF): Created to provide an incentive to employers to hire disabled workers. If a worker previously incurred the complete loss of a member (one hand, arm, foot, leg, or eye) is injured on the job and suffers the complete loss of another member, so that he/she is permanently and totally disabled (PTD), the employer is liable only for the injury due to the second accident. More information on this fund can be found on the Commission's website: [Assessments Page](#).

Security Instruments: Documents required by the IWCC to ensure the applicant satisfies the IWCC requirements to be self-insured. Applicants are required to furnish security in the form of a letter of credit, surety bond or escrow account to the Commission to guarantee payment of its workers' compensation obligation. This is to be precedent to approval of initial or renewal applications for self-insurance.

Self-Insurance Plus (SIP): The IWCC system enabling electronic submission of self-insurance initial applications, sub applications, and renewal applications, as well as assessments, and more.

Self-Insured Company: An employer that has obtained certification to self-insure its workers' compensation liabilities from the Illinois Workers' Compensation Commission; or an employer that is part of a Pool regulated by the [Illinois Department of Insurance](#) or a local public entity that may self-insure without obtaining certification.

Self-Insurers Security Fund (SISF): Created to pay benefits to employees of insolvent private self-insurers. More information regarding this fund can be found on the Commission's website: [Assessments Page](#).

Subsidiary: A company owned or controlled, directly or indirectly, by a company owning more than 50%.

Ultimate Parent: The topmost responsible entity of a corporate organizational structure.

10-K: A comprehensive report filed *annually* by a publicly traded company about its financial performance and is required by the U.S. Securities and Exchange Commission. The report contains much more detail than the company's annual report and is provided to its shareholders before an annual meeting to elect company directors.

10-Q: A quarterly report of financial performance required of all public companies to the Securities and Exchange Commission. This report contains financial statements, management discussion, and is usually unaudited.

XVII. Freedom of Information Act (FOIA)

B. Filing a FOIA Request

1. FOIA requester will click the FOIA request link to access the FOIA form.

The screenshot shows the 'FOIA Request' form from the Illinois Workers' Compensation Commission. The form is titled 'FOIA Request' and has a progress bar at the top indicating 0% completion. The 'General' section contains the following fields: 'Name' (filled with 'Janice Smith'), 'Address Line 1' (filled with '444 State Street'), 'Address Line 2' (empty), 'City' (filled with 'Springfield'), 'State' (filled with 'Ill'), and 'Zip' (filled with '60629'). Below these fields is a note: 'If you request hard copy files by mail, you may be required to pay a copying fee before the Commission will provide these records. Files provided by email will not be subject to any fees. Please provide an email address or check the box to confirm you are willing to pay any fees associated with this request.' There is a checkbox labeled 'I am willing to pay any fees associated with this request' which is checked. Below this is the 'Requestor Email Address' field (filled with 'mcclad1e.janicesmith@gmail.com') and a 'Phone' field (empty). At the bottom right are 'Exit' and 'Save & Next' buttons.

2. The form contains basic information that allows the IWCC FOIA staff to accurately capture the details of the request. There is only one required field in the screenshot above: the *Requestor Email Address*. This allows IWCC to contact the requestor when necessary. Once the form is filled out, click *Save & Next*.

3. Input the details of the request into the request form by clicking the *Add FOIA request details* button.

The screenshot shows the 'Records Requested' section of the FOIA form. It includes a heading 'Records Requested' and a note: '*Provide as much detail as possible so the Commission can identify the information you are seeking. If you are requesting files or documents associated with an IWCC case, please use the case number field, below.' Below this is a section titled 'FOIA Request Details' which contains a blue button labeled 'Add FOIA request details'. At the bottom of the section are two columns: 'Case Number' with an upward arrow icon and 'Requested Document'.

4. A new window opens for adding *Case Number*, *Requested Document* type (see dropdown in screenshot), and a free form text box to allow for any details needed for successful fulfillment of the request. Case number is only needed if applicable to a case. It is a mandatory field, but N/A is an acceptable entry. Click *Save* when this page is completed.

FOIA Request Details

Enter the case number if this request is applicable to a case, otherwise, enter N/A

Case Number *

Requested Document

- Application
- Decision
- Settlement Contract
- Attorney rep
- Motions and Forms
- Full Case File

Records Requested

5. Let the IWCC know if your request is for a commercial or non-commercial purpose by selecting the radio button that is applicable.

Are you asking for these records for commercial use/purposes?
☒ No ☐ Yes

FOIA Documents

NOTE: Documents containing certain personally identifiable information as identified in Section 7 of FOIA (SSN, DOB, Home Address, Phone Number, etc.) will be redacted unless you provide a valid HIPAA release or court order directing the release of such personal information. If you have a valid release, please upload the document here.

Document Type **Created On ↓**

There are no records to display.


[Generate a new image](#)
[Play the audio code](#)

Enter the code from the image

6. Attach documents, if necessary, by clicking the *Attach Documents* button. A code is displayed at the bottom left of the request form. Enter the letters/numbers into the box and click *Submit to IWCC* when finished.

7. An email confirmation is sent to the requestor letting them know the request has been received by the IWCC and will be responded to according to the Freedom of Information Act.