

**Illinois Workers’ Compensation Commission**

**Self-Insurer’s Escrow Agreement**

**Amendment**

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

Trust No.

Executed by      , as Employer,

and by      , as Escrow Agent,

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

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

Change Name From:

To:

Change Amount From:       To:

Addition (A) and Deletion (D) of Employer

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

**EMPLOYER CORPORATE SEAL BANK CORPORATE SEAL**

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employer’s representative Date Signature of Escrow Agent’s representative Date

Name and title Name and title

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attestant Date

Name and title

Disclosure of this information is voluntary under the Illinois Workers’ Compensation Act, but failure to complete the form may prevent the IWCC from processing it.

*IC63 4/2025 wcc.selfinsurance@illinois.gov*