

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

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

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| 1. List the employer representative for workers’ compensation self-insurance. This person will receive information regarding assessments for the Second Injury and Rate Adjustment Funds. | | | | |
| Name |  | | Title |  |
| Employer name |  | | | |
| Address |  | | | |
| Telephone |  | | Fax |  |
| E-mail address |  | | | |
| Website |  | | | |
| 2. Employer’s Federal Employer Identification Number (FEIN) | |  | | |
| 3. Are you a member of an intergovernmental risk pool?  If so, please identify it. | |  | | |
| 4. Nature of Organization | |  | | |
| 5. Date of commencement of operation in Illinois | |  | | |
| 6. Date of self-insurance | |  | | |

Signature of employer representative Date

*IC50e* 4/2025 *Illinois Workers’ Compensation Commission 69 West Washington Street Suite 900 Chicago, IL 60602 312/814-6500 iwcc.il.gov*