



**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 1<sup>st</sup>, 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, 100 W. Randolph Street, Suite 8-200, Chicago, IL 60601.

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