

ILLINOIS

WORKERS' COMPENSATION

BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.			
Party handling workers' compensation claims			
Business address			
Business phone			
Effective date		Termination date	
Policy number		Employer's FEIN	

Regular Paydays for Employees of

(Company Name)

Shall be as follows:

Weekly Bi-Weekly Monthly Other _____

By: _____ Title: _____

