

State of Illinois
Department of Employment Security

STATEMENT OF BENEFIT CHARGES

FAX: (708) 596-8814

METRO SOUTH REGION (708) 596-8801

16845 SOUTH HALSTED

HARVEY IL 60426

804479

TWP OF WESLEY

C/O SUPERVISOR

21333 W BALLOU RD

WILMINGTON IL 60481-8925

DURING PERIOD FROM: JUL 01, 2017 TO SEP 30, 2017

MAILING DATE: NOV 03, 2017

APPLICATION FOR REVISION OF STATEMENT OF BENEFIT CHARGES
(BENEFIT CHARGE PROTEST)

MUST BE FILED BY: DEC 18, 2017

Social Security Number	Claimant Name	LO	Benefit Year Begin	BP End Q/YR	Plant Code	Current WBA	Current Spouse Depend Allow	Weeks Charged	Period Paid/Adjusted		Total Benefit Charge for Weeks Paid
									From	To	
CURRENT QUARTER CHARGES											
	J. NORTON	014	05/14/2017	4/2016		55.00		4	06/25/2017	07/22/2017	220.00
	J. NORTON	014	05/14/2017	4/2016		55.00		4	08/20/2017	09/16/2017	220.00
TOTAL CURRENT QUARTER CHARGES:						3/2017					440.00
TOTAL REGULAR BENEFITS:						440.00	TOTAL EXTENDED BENEFITS:				0.00

*** THIS STATEMENT IS FOR BENEFIT CHARGES ONLY AND DOES NOT INCLUDE ANY ADJUSTMENTS FOR BENEFIT WAGES. ***
 *** BENEFIT WAGE ADJUSTMENTS WHICH APPLY TO THE PERIOD PRIOR TO 7/1/1989 WILL BE REPORTED SEPARATELY. ***

INFORMATION TO EMPLOYER -- BEN-118

**IMPORTANT NOTICE
THESE CHARGES MAY AFFECT YOUR FUTURE CONTRIBUTION RATES**

This statement is a report of the benefit charges assessed to your experience rating record during the period covered due to benefits paid to your former or current employees. When any regular benefits are paid with respect to a week in any benefit year which begins on or after 07-01-1989, an amount equal to 100% of the individual's regular benefits including dependents' allowance shall become benefit charges.

When an individual is paid extended benefits on or after 07-01-1989, with respect to any week in his eligibility period beginning in a benefit year which began prior to July 1, 1989, an amount equal to 50% of such extended benefits including dependents' allowance, shall become benefit charges.

The maximum benefit charge to an employer for an individual during his benefit year shall not exceed the total amount of benefits paid to the individual, except that a benefit charge to an employer resulting from extended benefits shall not exceed 50% of such total amount.

This statement lists in detail charges and any adjustments made during the current quarter and establishes the protest rights to the listed benefit charges.

The three sections of the statement are:

1. Charges for current quarter
2. Charges for prior quarters
3. Charge cancellations for prior quarters

Current Quarter Charges reflect in detail all charges for your account for this quarter. The worker or former worker is identified by social security number and name, the Benefit Year Beginning date, the claimant's weekly benefit amount and dependents' allowance as of the date this statement was generated, the period paid, and total benefit charges for the weeks paid.

Prior Quarter Charges identifies all charges assessed against your account for any quarter other than the current quarter.

Prior Quarter Cancellations lists all credits in detail which includes adjustments, cancellations and transfers for prior quarters.

These total charges will be used in determining your future contribution rates. Carefully check this statement against your records.

If you wish to protest a charge, the enclosed Application for Revision of Statement of Benefit Charges (protest form) should be used. Please identify the claimant, select a protest code from the standardized list of codes and include any appropriate documentation. Mail to the address shown on the form or you may fax your protest to the fax number shown on this form.

Section 1508 of the Act provides that if no application for revision of a statement of benefit charges is filed within 45 days from the date of mailing, the statement shall be conclusive and final upon the employer for all purposes and in all proceedings whatsoever.

Charge adjustments or cancellations that may result from your application for revision will be reflected on your next quarterly statement.



State of Illinois
Department of Employment Security

Application for Revision of
Statement of Benefit Charges
(Benefit Charge Protest)

FAX: (708) 596-8814
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16845 SOUTH HALSTED
HARVEY IL 60426

804479
TWP OF WESLEY
C/O SUPERVISOR
21333 W BALLOU RD
WILMINGTON IL 60481-8925

Protest Code(s)	Social Security Number	Claimant Name	Benefit Charge Amount	Quarter/Year
12	[Redacted]	John Norton	220. ⁰⁰	4/0. ⁰⁰

Please provide address to which decision should be sent (if different than above):
 Firm Name Wesley Township Address 21333 W Ballou Rd
 City Wilmington State IL Zip 60481 Telephone 815-476-7869
 Signature [Redacted Signature] TWP Supervisor Date 11-2-17

INSTRUCTIONS

Complete the protest form on the reverse side of this document by entering the required protest information.

Select a code from the following list if applicable and enter the associated social security number, claimant's name, charge amount and quarter/year as detailed on the preceding statement. Include the appropriate documentation(s) where required.

EMPLOYER PROTEST CODES

1. Employer has no record of anyone ever having worked for them under this social security number.
2. Claimant worked for employer less than 30 days. (Attach protest letter, receipt B22-S or determination.)
3. Employer has received no determination to the protest submitted to the local office. (Attach protest letter and/or receipt B22-S.)
4. Employer has received no determination to the protest submitted to the local office and 180 days have elapsed. (Attach protest letter and receipt B22-S.)
5. No Benefit Chargeable Employer Notice (BIS-32) or reconsidered chargeability decision was received.
6. Charges have been assessed for a period of ineligibility. (Determination, referee decision or Board of Review decision attached.)
7. The claimant was working during period paid. (Details are attached.)
8. Recoupment has occurred and employer has received no credit.
9. Claimant separated due to incarceration (effective for weeks beginning Sept. 27, 1992. Attach determination or separation documentation.)
10. Claimant's unemployment between April 13, 1993 and January 8, 1994 was a direct result of the federal flood disaster declared during July, 1993. (Explain circumstances and include the Illinois county in which the employer's affected facility is located.)
11. Claimant separated in accordance with the Health Care Worker Background Check Act.
12. Other. (Please explain on a separate sheet of paper.)

IMPORTANT NOTICE

The Illinois Department of Employment (IDES) contracts with private law firms to provide limited free legal services to small employers with respect to IDES administrative proceedings that address the subject of this notice. These are independent law firms and are not part of IDES.

A small employer is an employer that reported wages paid to less than 20 individuals, whether part or full time, for each of any two of the four calendar quarters preceding the quarter in which its application for legal assistance is made.

The level of legal services provided will depend on the substance of your challenge to this order. If you are interested in obtaining legal services, call the applicable number as soon as possible. Any delay in calling could result in your not being able to obtain this service.

If your Unemployment Insurance Account Number ends in a 0 through 4, call toll-free (866) 641-4288 or TTY (312) 641-6403. If your Unemployment Insurance Account number ends in 5 through 9, call toll-free (877) 849-2007 or TTY (866) 802-8732.

State of Illinois
Department of Employment Security

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TWP OF WESLEY

C/O SUPERVISOR

21333 W BALLOU RD

WILMINGTON IL 60481-8925

DURING PERIOD FROM: OCT 01, 2017 TO DEC 31, 2017

MAILING DATE: FEB 09, 2018

APPLICATION FOR REVISION OF STATEMENT OF BENEFIT CHARGES

(BENEFIT CHARGE PROTEST)

MUST BE FILED BY: MAR 26, 2018

Social Security Number	Claimant Name	LO	Benefit Year Begin	BP End Q/YR	Plant Code	Current WBA	Current Spouse Depend Allow	Weeks Charged	Period Paid/Adjusted		Total Benefit Charge for Weeks Paid
									From	To	
[REDACTED]	J. NORTON	014	05/14/2017	4/2016		55.00		13	09/17/2017	12/16/2017	715.00
TOTAL CURRENT QUARTER CHARGES:			4/2017								715.00
TOTAL REGULAR BENEFITS:					715.00		TOTAL EXTENDED BENEFITS:				0.00
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Protest Code(s)	Social Security Number	Claimant Name	Benefit Charge Amount	Quarter/Year

Please provide address to which decision should be sent (if different than above):
 Firm Name _____ Address _____
 City _____ State _____ Zip _____ Telephone _____
 Signature _____ Date _____

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