APPLICATION FOR PARTIAL TRANSFER OF EXPERIENCE

Fax number:
312-793-6296

SCHEDULE C
Allocation of Benefit Charge Totals (Claims)

We, the undersigned, do hereby certify that the information given below is, to the best of our knowledge, true and correct, and we submit said information as part of the Application for Partial Transfer of Experience under Section 1507 B of the Illinois Unemployment Insurance Act

TRANSFEREE

Employer Account No. _____

Business Name _____

Signed By _____

Official Title _____

Date Signed _____

TRANSFEROR

Employer Account No._____

Business Name _____

Signed By _____

Official Title _____

Date Signed _____

1	2	3	4
PERIOD COVERED BY STATEMENT OF BENEFIT CHARGES FORM BEN-118, ISSUED	Total Benefit Charges under **PREDECESSOR's** Account Number	Benefit Charges Attributable to **TRANSFEREE**	Balance of Benefit Charges Attributable to **TRANSFEROR** (Col. 2 less Col. 3)
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			

ER-68 (Rev. 3/05)