

OVERPAYMENT ACCOUNT REPAYMENT PLAN

K-BEN 899 (11-22)

MAIL TO:

Kansas Department of Labor
Benefit Overpayment Collections Unit
401 SW Topeka Blvd.
Topeka, KS 66603-3182

I, the undersigned (*print full name*) _____

Last four digits of Social Security number: XXX - XX - Phone: _____

Street: _____

City: _____ State: _____ ZIP: _____

hereby agree to voluntarily make monthly payments in the amount of \$_____ per month to the Kansas Department of Labor (KDOL) to repay an Unemployment Insurance (UI) benefit overpayment. I will make my payments on or before the _____ day of the month of each month hereafter until the balance is reduced to zero. I understand that all payments must be received at the Kansas Department of Labor, Benefit Overpayment Collections Unit, 401 SW Topeka Blvd., Topeka, KS 66603-3182, on or before the due date.

By signing this agreement, I also indicate that I understand and agree to the following:

- This arrangement is to continue until my UI benefits overpayment account balance is reduced to a zero balance. It remains my obligation to keep track of and determine when final payment occurs.
- Interest, at a rate of 1.5 percent per month in accord with K.S.A. 44-719(2), may be charged against all or a part of the remaining overpayment.
- My obligation may include court costs and other costs of recovery as permitted by law.
- I may make additional payments or pre-pay all or any amounts due at any time.
- A final payment under this agreement may be larger or smaller than the recurring payment amount but it remains my obligation to contact KDOL to determine my account balance.
- KDOL reserves the right to seek my repayment by any other legal means including, but not limited to, the filing of liens, levies, warrants or civil action including garnishment of wages or other property even while I make payments under this agreement.

By checking this box, I authorize KDOL to email me communication about this matter at the following email address:

Signature: _____ Date: _____

The address provided is for mailing or making payments only. No one is available at this address to counsel you about your account.

**Mail the original of this agreement and your initial payment made payable to Kansas Department of Labor. Include your name and the last (4) digits of your Social Security number on the check, money order or cashier's check. DO NOT SEND CASH.
Keep a copy of the agreement for your records.**