

ABLE AND AVAILABLE STATEMENT: MEDICAL CONDITION OR WORKERS COMPENSATION

K-BEN 31 (2-21)



REPORT FRAUD

www.ReportFraud.ks.gov

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249
UPLOAD:
<https://UIAssistance.GetKansasBenefits.gov>

Claimant Name: _____ SSN: XXX-XX-_____

Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits, possible overpayment and collection of benefits previously received.**

In the last 18 months, have you at any time been unable to work? YES NO

If YES, when did you become unable to work? _____

Describe the illness or injury which made you unable to work: _____

Were you or are you now under the care of a doctor? YES NO

If YES, as of today, has the doctor released you to return to work? YES NO

When were you released to return to work? _____

Are you under any work restrictions? YES NO Explain: _____

Did the injury occur at work? YES NO

If YES, what was the name of the employer for whom you worked? _____

Did you apply for workers compensation? YES NO If YES, when? _____

Were you approved for Workers Compensation? YES NO

Have you received Workers Compensation payments? YES NO

Provide the following information about the insurance company:

Company name: _____ Agent name: _____

Company address: _____

Company phone: _____

Are you still receiving workers compensation payments? YES NO

When did you receive your most recent workers compensation payment? _____

Do you receive workers compensation in a weekly amount? YES NO

What is the weekly amount? \$ _____

What type of workers compensation payments did you receive?

- Temporary Total Disability Temporary Partial Disability Permanent Total Disability Permanent Partial Disability

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Have you contacted your employer since your injury? YES NO

Will you return to your job once released to return to work? YES NO

If NO, explain: _____

Are you able and qualified to work other jobs that fit within your work restrictions (if any)? YES NO

If YES, what were your normal job duties prior to your injury? _____

If NO, explain: _____

What type of work are you looking for? _____

Do you have experience in that field? YES NO If YES, how much experience? _____

How many hours per week are you willing to work? _____

What days of the week are you willing and able for at least 8 hours of work?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

If you indicated fewer than five days, explain: _____

How many miles are you willing to travel for work? _____

What is the lowest hourly wage you will accept? \$ _____

List the work search activities you performed **last week** (Sunday through Saturday):

	Date	Employer name/address or type of activity	Job sought	Result of activity
Application 1				
Application 2				
Other Activity				

If you did not make any work search activities last week, explain: _____

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Date: _____

Phone: _____ Email: _____