

# BACK PAY AWARD – CLAIMANT

K-BEN 3111 (Rev. 2-21)



MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249

UPLOAD:  
<https://UIAssistance.GetKansasBenefits.gov>

Claimant Name: _____	Social Security No.: XXX-XX- _____
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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.**

Did you receive a back pay award from an employer?  YES  NO

If YES, what was the gross amount of the back pay award? \$ \_\_\_\_\_

On what date did you receive the back pay award? \_\_\_\_\_

What weeks does the back pay award cover? \_\_\_\_\_ to \_\_\_\_\_

What is the name of the employer from whom the back pay award was received?

\_\_\_\_\_

What is the employer's mailing address?

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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### IMPORTANT

Attach a copy of the back pay agreement or order. Failure to do so may impact your eligibility for unemployment benefits.

**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: \_\_\_\_\_