

# WARN ACT - CLAIMANT

K-BEN 3115 (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-\_\_\_\_\_

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.**

Have you received or will you receive a WARN Act payment?  YES  NO

If YES, Employer name: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Date payment was received: \_\_\_\_\_

WARN Act period: Begin date \_\_\_\_\_ End date \_\_\_\_\_

### IMPORTANT

Attach a copy of the WARN Notice letter you received from your employer. 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: \_\_\_\_\_