

SEPARATION PAY - CLAIMANT

K-BEN 3123 (Rev. 7-23)

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539

FAX: (785) 296-3249

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

Claimant name (Last, First, M.I) _____	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.**

Are you receiving or will you receive severance, termination or other separation pay from an employer? YES NO

Employer's name: _____

Employer's phone: _____

Employer's email: _____ Last day worked for this employer: _____

How were you paid? Hourly Salary Rate of pay: _____ Average hours worked per week: _____

How is the separation pay being paid to you?

- One-time lump sum payment Installments (as if still on the job – weekly or bi-weekly)

Lump Sum

What is the total gross amount of separation pay you did or will receive? \$ _____

Does it include accrued sick or vacation payouts? YES NO

Sick: how much? \$ _____

Vacation: how much? \$ _____

Date when separation pay was or will be paid: _____

Is the payment meant to cover a specific period of time? YES NO

If YES, what is that period of time? (e.g., six weeks or June 1 to June 30) _____

Installments (as if still on the job)

What is the frequency of payment? Weekly Bi-weekly Monthly Other _____

What is the gross amount of each regular payment? \$ _____

Does it include accrued sick or vacation payouts? YES NO

Sick: how much? \$ _____ When was it paid? _____

Vacation: how much? \$ _____ When was it paid? _____

What is that period of time separation payments cover? (e.g., six weeks or June 1 to June 30) _____

IMPORTANT

Attach documentation from your employer regarding the terms and details of your separation pay including the date it started and the amount of separation pay. 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: _____