| KANSAS DEPARTMENT OF LABOR www.dol.ks.gov APPLICATION FOR REVIEW AND MODIFICATION K-WC E-5 Pro Se (Rev. 03-24) (K.S.A. 44-528) | DO NOT WRITE IN THIS Date Stamp | SPACE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|
| Case number (required): | | |
| Employee: First Middle Last Phone: | - | |
| Email: | - | |
| Employer: | - | |
| This is an application for review and modification of the decision entered Set forth a reason listed in K.S.A. 44-528 for which modification is source | (Date of award or order) | |
| 2. Are you interested in going through the Workers Compensation media | tion process? | |
| DO NOT USE THIS FORM IF YOU ARE A By completing this form and submitting it to the Division, you cer referenced herein. | | rney for the matter |
| Applicant printed name Address: | Signature | Date |

DO NOT WRITE IN THIS SPACE

Certified Stamp ALJ Copy

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual. The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.