KANSAS DEPARTMENT OF LABOR
www.dol.ks.gov

APPLICATION FOR BENEFITS

K-WC E-1 Pro Se (Rev. 03-24) (K.S.A. 44-534)

DO NOT WRITE IN THIS SPACE

Date Stamp

Employee: _____
First *Middle* *Last*

Date of birth: _____ ☐ Male ☐ Female

Social Security number: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Employer: _____

Street: _____

City: _____ State: _____ ZIP: _____

Insurance carrier: _____
(Required)

Accidental Injury, Repetitive Trauma or Occupational Disease

Date(s) of accident/repetitive trauma/occupational disease *(give beginning and ending dates if a series)*: _____

State specifically the exact cause and source of accident/repetitive trauma/disease: _____

Briefly state extent of injuries by accident, repetitive trauma or disease claimed: _____

In what county did it occur? _____ At or near (*city*) _____ (*state*) _____

If it **did not** happen within Kansas, in which **Kansas** county could hearing be most conveniently held? _____

Mediation requested? ☐ YES ☐ NO

DO NOT USE THIS FORM IF YOU ARE AN ATTORNEY OR HAVE AN ATTORNEY

By completing this form and submitting it to the Division, you certify that you are not represented by an attorney for the matter referenced herein.

_____ _____ _____
Applicant printed name *Signature* *Date*

Address: _____

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.