KANSAS DEPARTMENT OF LABOR

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SHARED WORK PLAN - INDIVIDUAL PARTICIPANT

K-BEN 103 (Rev. 11-24)

Complete and submit this form to your employer. All fields are required for participation. Any questions you have should be directed to your employer since they will be handling your claim. This information is used by the Department of Labor to confirm your identity and create your claim.

If you choose not to participate in the Shared Work Plan, you can opt out. You still need to provide your name and Social Security number. Then check the box at the bottom of the page, sign, date and return the form to your employer.

Full name: ____________________

List other names used in the past 18 months: ____________________

Social Security number: ____________________

Date of birth (mm/dd/yyyy): ____________________

Gender: ☐ Male ☐ Female

Race (Indicate by selecting one or more):
☐ Black or African-American ☐ White
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or other Pacific Islander ☐ Unknown

Ethnicity (Indicate by selecting one):
☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Unknown

U.S. Citizen? ☐ YES ☐ NO If NO, Alien Document Type:
☐ I-551 (Resident Alien Card) ☐ I-94 (Arrival/Departure)
☐ I-766 (Employment Authorization) ☐ Naturalization Certificate

Document No.: ____________ Expiration Date: ____________

Do you have a disability: ☐ YES ☐ NO If YES, disability type:
☐ Both physical and mental ☐ Mental Impairment
☐ Physical Impairment ☐ Do not wish to disclose

Have you served on Active Duty in the U.S. Armed Forces?
☐ YES ☐ NO

If YES, indicate Veteran type:
☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Special Disabled
☐ Campaign Veteran ☐ Other Veteran ☐ Other Eligible ☐ N/A

U.S. Military Branch:
☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

Discharge
☐ Dishonorable ☐ Honorable ☐ Other ☐ N/A

Tap Training
☐ Yes - currently ☐ Yes, previously ☐ No

Are you the spouse of Veteran on Active duty or with 100% service-connected disability, or died on active duty or from service-connected disability?
☐ YES ☐ NO

Seasonal farm worker in the last 12 months? ☐ YES ☐ NO

Highest level of education completed (check one):

Grade school: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

High school: ☐ 9 ☐ 10 ☐ 11 ☐ High school grad w/diploma

Vocational Training:
☐ Attended, certificate received ☐ Attended, not certified ☐ N/A

Years of college: ☐ 1 year ☐ 4 years ☐ 5 years ☐ 7 years
☐ Received certificate with no degree
☐ Associate Degree ☐ Bachelor's degree or equivalent
☐ Master's degree ☐ Doctorate

State Driver's License or ID: ☐ YES ☐ NO

If YES, issuing state: ____________ License/ID no. ____________

License Class: ☐ A ☐ B ☐ C ☐ M ☐ Class A CDL
☐ Class B CDL ☐ Class C CDL

Issue date: ________ Expiration date ________ Height __ ft. ___ in.

Mailing address: ____________________

Address (line 2) ____________________

City ____________ State ________ ZIP________

Country: ☐ USA ☐ Canada ☐ Mexico ☐ Other

Is residential address same as mailing address?
☐ YES ☐ NO If NO, complete residential information.

Residential address: ____________________

Address (line 2) ____________________

City ____________ State ________ ZIP________

Country: ☐ USA ☐ Canada ☐ Mexico ☐ Other

If Kansas resident, County name: ____________

Primary phone: ____________ Cell phone: ____________

Opt for Text messages: ☐ YES ☐ NO

Contact method: ☐ Email ☐ USPS

Federal government civilian employee in the last 18 months? ☐ YES ☐ NO

If YES, where? ☐ in Kansas ☐ USA, but not in Kansas
☐ Outside the U.S

Discharged from the military in the last 18 months? ☐ YES ☐ NO

Did you work in a state other than Kansas in the last 18 months? (not federal or military)? ☐ YES ☐ NO If YES, what state? ________

Have you received UI benefits in the last 18 months?
☐ YES ☐ NO

☐ OPT OUT I wish to opt out of the KDOL Shared Work Program.

Certification

☐ I certify that the information I have provided is accurate and complete. I understand that intentionally providing false information or withholding important details is a violation of the Kansas Employment Security Law and may result in penalties. I further understand that each week I must tell my employer how many hours, if any, I am working for any other employers. By signing, I give the Kansas Department of Labor permission to file an initial application for benefits if needed to participate in the Shared Work Plan.

Employee Signature: ______________________________ Date: ______________

OFFICE USE ONLY

Plan No. ____________ Sub Plan No.: ____________ Employer Account No. ____________

Plan information: ☐ Kansas ☐ Federal ☐ Military Claim type: ☐ New ☐ Additional