Notice to Workers About
UNEMPLOYMENT INSURANCE

Kansas
Department of Labor

Aviso Para el Trabajador Sobre
EL SEGURO DE DESEMPLEO

Our organization participates in the Kansas Unemployment Insurance Program. Should you become unemployed, you can learn about unemployment benefits and apply online at **www.GetKansasBenefits.gov**.

If you are unable to apply online, you can apply for benefits by calling the Kansas Unemployment Contact Center.

Kansas Unemployment Contact Center

Kansas City Area	(913) 596-3500
Topeka Area	(785) 575-1460
Wichita Area	(316) 383-9947
Toll free outside these areas	(800) 292-6333
Kansas Relay Center (TTY)	(800) 766-3777

Claims specialists are available Monday through Friday from 8 a.m. until 4:15 p.m., except on state holidays.

The Kansas Unemployment Insurance Program
is administered by:

KANSAS DEPARTMENT OF LABOR
401 SW Topeka Blvd.
Topeka, KS 66603-3182

Nuestra organización participa en el programa del Seguro de Desempleo de Kansas .Si acaso llega ser desempleado puede aprender mas sobre los beneficios de desempleo y aplicar en **www.GetKansasBenefits.gov**.

Si no puede aplicar por la Internet, usted puede aplicar por beneficios de desempleo al llamar al Centro de Contacto de Desempleo de Kansas.

Centro de Contacto de Desempleo de Kansas

Área de Kansas City	(913) 596-3500
Área de Topeka	(785) 575-1460
Área de Wichita	(316) 383-9947
Si vive fuera de las áreas de llamadas	(800) 292-6333
Kansas Relay Center (TTY)	(800) 766-3777

Disponibilidad de Especialistas de Reclamo lunes – viernes 8 a.m. – 4:15 p.m. La oficina esta cerrada durante los días festivos reconocidos por el estado de Kansas.

El programa de Seguro de Desempleo de Kansas
es administrado por:

KANSAS DEPARTMENT OF LABOR
401 SW Topeka Blvd.
Topeka, KS 66603-3182

INFORMATION FOR INJURED EMPLOYEES

K-WC 27-A (Rev. 7-19)

* THIS NOTICE APPLIES TO ACCIDENTS ON OR AFTER APRIL 25, 2013 *

Employers are required to provide this information to each injured worker

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

If you have any questions about workers compensation benefits, contact the Division of Workers Compensation at the phone number at the bottom of the page. **Assistance in Spanish is available.**

(1) NOTIFY YOUR EMPLOYER IMMEDIATELY: Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) 20 calendar days from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, 20 calendar days from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, 10 calendar days after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

(2) FOLLOW YOUR EMPLOYER'S INSTRUCTIONS for getting medical aid and follow the doctor's instructions.

(3) MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of $500.00. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

(4) WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 ⅔ percent of his/her average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas Workers Compensation law provides for additional benefits.

RESPONSIBILITIES OF THE EMPLOYER

1. Unless self-insured, the employer must advise its insurance carrier or group-funded pool of employee's injury.

   Per K.S.A. 44-557, it is the duty of every employer to make or cause to be made a report to the director of any accident, or claimed or alleged accident, to any employee which occurs in the course of the employee's employment and of which the employer or the employer's supervisor has knowledge, which report shall be made upon a form to be prepared by the director, within 28 days, after the receipt of such knowledge, if the personal injuries which are sustained by such accidents, are sufficient wholly or partially to incapacitate the person injured from labor or service for more than the remainder of the day, shift or turn on which such injuries were sustained.

As outlined in K.A.R. 51-9-17, all insurance carriers, group pools and self-insurers are required to use Electronic Data Interchange (EDI) to file First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) using the Release 3.1 Standards. For details contact the Technology and Statistics section of the Division of Workers Compensation at (785) 296-4000 or (800) 332-0353. You may access our website at http://www.dol.ks.gov/wc/insurer/electronic-data-interchange-(edi).

2. Employers must provide for the payment of workers compensation claims without any charge to employees.

3. Employers must post the Workers Compensation Notice prepared by the Director.

4. Employers must pay compensation benefits, regardless of insurance coverage.

5. Upon receiving notice of an injury, the employer must provide the employee written information to assist the injured worker in understanding his/her rights and responsibilities in obtaining compensation.

Pursuant to K.S.A. 44-5, 102(a)
EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS

YOUR CLAIM WILL BE HANDLED BY:

Company The Hartford

Address PO Box 14170 / Lexington, KY 40512-4471

Contact Person Advantis HR Department

Phone _____ **Fax:** _____

Email hr@advantisglobal.com