

# PENSION STATEMENT

K-BEN 3113 Web (Rev. 3-14)

MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249  
EMAIL\*: KDOLforms@dol.ks.gov

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 or possible overpayment.**

The Kansas Employment Security Law requires that certain pensions and retirement benefits be deducted from unemployment insurance payments.

**IMPORTANT: Attach a copy of documentation from your former employer or pension administrator supporting the amount of your IRA/pension/retirement pay, date it started and the percentage or dollar amount contributed to the pension/retirement benefit.**

Claimant name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Name of employer from whom you retired: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

Date you RECEIVED your first pension check or partial/lump sum payment (mm/dd/yyyy): \_\_\_\_\_

TYPE OF PAYMENT	RETIREMENT (gross amount per month)	DISABILITY (gross amount per month)	Percentage or \$ Amount Contributed by Employer	Percentage or \$ Amount You Contributed
FEDERAL SERVICE	\$	\$		
CITY, COUNTY, STATE (i.e., KPERS)	\$	\$		
MILITARY	\$	\$		
Military discharge date (mm/dd/yyyy): _____ Did you complete 20 years military service? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are receiving military disability, is your check issued by the Veterans Administration? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMPANY/CORPORATION	\$	\$		
UNION(S)	\$	\$		
Employer(s) that paid into the union(s) pensions: _____				
IRA DISTRIBUTION (attach documentation): <input type="checkbox"/> Rollover (did NOT receive monies) <input type="checkbox"/> Received monies (indicate amount and date below)				
Amount received: \$ _____ Date received (mm/dd/yyyy): _____				

**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: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Protecting claimants' identity is important to us. Please be advised that: (1) email communication is not a secure method of communication; (2) any email that is sent between you and this agency may be copied and held by various computers it passes through as it is transmitted; (3) persons not participating in the communication between you and KDOL may intercept the communication by improperly accessing your computer or this agency's computer or even some computer unconnected to either of us that this email passes through. If you do not want to communicate with KDOL through email, please call KDOL or mail your communication to KDOL, instead of using email.