

WARN ACT AWARD – CLAIMANT

K-BEN 3115 Web (Rev. 4-14)

Date Mailed:

DUE DATE:

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539

FAX: (785) 296-3249

EMAIL*: KDOLforms@dol.ks.gov

UID:

Claimant name:	SSN: XXX-XX- XXXXXXXXXX	BYB:	CSR:
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Complete this form and return it as directed above. **Failure to reply by the due date may result in a denial of benefits or possible overpayment.**

I received or will receive WARN Act payment from the following employer:

Employer name: _____

Address (street, city, state, ZIP): _____

Date WARN Act payment was received (mm/dd/yyyy): _____

Period covered under WARN Act payment (mm/dd/yyyy):

Begin date: _____ End date: _____

***Include any documentation you have received pertaining to the WARN payment.**

I did not receive a WARN Act payment.

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: _____ Date: _____

Submit

*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.