

# SEPARATION PAY STATEMENT – CLAIMANT

K-BEN 3119 Web (Rev. 4-14)

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.**

**IMPORTANT:** Attach a copy of documentation from your former employer supporting the terms of your separation, date it started and the amount of separation pay.

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

Employer from whom you have or will receive separation, termination, severance or other similar pay:

Your last day of work for this employer (mm/dd/yyyy): \_\_\_\_\_

How was the separation payment(s) made and gross (total) amount?

Lump sum: \$ \_\_\_\_\_ Date paid (mm/dd/yyyy): \_\_\_\_\_

- OR -

Paid as if still on the job on a regularly scheduled pay period:  Weekly  Bi-weekly  Monthly  Other: \_\_\_\_\_

Gross amount per pay period: \$ \_\_\_\_\_

Beginning/scheduled date (mm/dd/yyyy): \_\_\_\_\_ Ending date (mm/dd/yyyy): \_\_\_\_\_

Did separation include any vacation/sick leave?  YES  NO

If YES: Vacation: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_ Sick: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Will company benefits, such as health/life insurance and pension, continue while you receive the separation pay?

YES  NO - OR -  No company benefits provided

If NO, check which benefits did not continue:

Health insurance  Life insurance  Pension plan  Other

If "Other," explain: \_\_\_\_\_

Name and phone number of an individual in the company's payroll office who could, if necessary, give additional information regarding your separation payment(s):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**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: \_\_\_\_\_

**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.