

ABLE AND AVAILABLE STATEMENT: MEDICAL CONDITION OR WORKERS COMPENSATION

K-BEN 31-M Web (5-14)

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

Claimant Name: _____ Social Security number: _____

The Employment Security Law requires that in order to receive unemployment benefits, you must be able and immediately available for employment with no undue restrictions. You have indicated that you have the following restriction that may prevent you from accepting employment or limit your availability to work: **Medical**.

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: Health care information is required to determine if you are eligible for unemployment insurance benefits. If you're under a doctor's care, a *Health Care Provider's Certification, K-BEN 312*, must be completed by your physician. Your signature is required on the certification and the Claimant's Release.

Were/are you able to work? YES NO If NO, date you became unable to work (mm/dd/yyyy): _____

Date of injury (mm/dd/yyyy): _____

Describe illness or injury: _____

Were/are you currently under a doctor's care?

YES Explain: _____

NO Date you were released to return to work (mm/dd/yyyy): _____

Do you have medical restrictions? YES NO

If YES, explain: _____

Were you injured at work? YES NO

If YES, name of employer you were working for when you were injured: _____

Date you applied for workers compensation (mm/dd/yyyy): _____

Are you currently receiving, or have you received, workers compensation since your last day of work? YES NO

If YES, provide the insurance company's information:

Agent name: _____

Company name: _____

Company address: _____

Company phone: _____

Able and Available Statement: Medical Condition or Workers Compensation

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Claimant name: _____ Social Security number: _____

Date you received your last workers compensation benefits (mm/dd/yyyy): _____

Did you receive a weekly payment from Workers Compensation? YES NO

If YES, the weekly amount: \$ _____

Date you began receiving payment (mm/dd/yyyy): _____

Type of workers compensation benefits received:

Temporary Total Disability Temporary Partial Disability Permanent Total Disability Permanent Partial Disability

Your normal work duties: _____

Have you contacted your employer since your injury? YES NO

Will you return to your job after you are released to go to work? YES NO

If NO, explain: _____

Is there other work you are able and qualified to do within your medical restrictions, experience and training? YES NO

If NO, explain: _____

If YES, type of work you are looking for: _____

Do you have experience or training in this type of work? YES NO

If YES, amount of experience: No. of years: _____ No. of months: _____ No. of weeks: _____

Number of days per week you are willing to work: _____

Shifts you are willing to work (check all that apply): 1st 2nd 3rd

If you are only willing to work one specific shift, explain why: _____

Miles you are willing to travel to your next job: _____

The least wage per hour you will accept on your next job: \$ _____.

List your efforts to seek work in the past seven days:

Date of Contact	Name of Employer	Method of Contact	Results of Contact

If no contacts were made, explain: _____

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 (mm/dd/yyyy): _____

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.