

REQUEST FOR INFORMATION – ABILITY TO WORK

K-BEN 5691 Web (Rev. 1-15)

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

Claimant Name: _____

SSN: XXX-XX-_____

Additional information is required to determine your eligibility for benefits. Complete and return this form within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits.**

Dates you were not available for work (mm/dd/yyyy): _____ to _____

Check all boxes that apply:

- You were not physically able to work four or more days of the normal work week, during the week claimed.
- You were not available for work, without restrictions, for four or more days of the normal work week, during the week claimed.
- You did not look for work, as directed by the Kansas Unemployment Contact Center, during the week claimed.

Provide a detailed response to the reason(s) indicated above:

*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 im-properly 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.

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 Kansas Employment Security Law. If submitted electronically, this form will be considered to be signed.

Claimant signature: _____ Date: _____

Mailing address: _____

Phone: () _____ Email: _____

SUBMIT