

## REGISTRATION FOR ACCESS TO ELECTRONIC RECORDS

K-WC 96 (Rev. 4-13)

The Kansas Department of Labor, Division of Workers Compensation, provides claims information access via a secure website: *Request for Workers Compensation Records* (<https://kdwcupload.dol.ks.gov/ClaimantUpload/>).

This website allows registered users to download claims information after submitting a signed *Request for Workers Compensation Records* (form K-WC 97 or 98) to the division. Paper copies of the request forms are necessary due to signature requirements. If users submit multiple research requests, each request will be uploaded separately and emails sent upon completion of each request. Users only need to complete this registration form once; **users already registered must check the box indicating "Electronic download" on each records request form or the records will be sent by mail.**

### ADDITIONAL INFORMATION

Once you obtain access to the "Request for Workers Compensation Records" website, the following is required:

- 1) You will be sent an access code by email and the link to the registration page once the completed request has been received and a login is assigned. Registration from this link requires creation of a password for access into the site.
- 2) A single sign-on name; spelling of the sign-on name is critical since the website will reject a sign-on if the spelling does not match the registered name.
- 3) Each password must:
  - include at least one number
  - contain at least one uppercase letter
  - contain at least one lowercase letter
  - include at least one special character such as: ! @ # \$ % ^ & \*
  - be at least eight (8) characters in length
- 4) Once the registration process has been completed, an email notification will be sent instructing you to "Please click on this link to activate your account." This is verification that the email address is true and correct.

**To register for access, please complete, print and sign this form and  
return to the address below.**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

ONLY ONE REGISTRATION NECESSARY PER EMPLOYER, LAW OFFICE AND/OR CARRIER.

The division currently scans images of accident reports and undocketed settlements, therefore, some records may be in the form of a .tif image document. In order to view those documents, the requestor must have a .tif viewer. If you do not currently have a .tif viewer, a link to download a free viewer will be available on the website.

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_