

# OVERPAYMENT ACCOUNT REPAYMENT PLAN

K-BEN 899 (7-18)

MAIL TO: Kansas Department of Labor  
Asset Recovery  
401 SW Topeka Blvd.  
Topeka, KS 66603-3182

I, the undersigned \_\_\_\_\_ (print full name)

Last four digits of Social Security number: XXX - XX - \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

hereby agree to voluntarily make monthly payments in the amount of \$\_\_\_\_\_ per month to the Kansas Department of Labor (KDOL) to repay an Unemployment Insurance (UI) benefit overpayment. I will make my payments on or before the \_\_\_\_\_ day of the month of each month hereafter until the balance is reduced to zero. I understand that all payments must be received at the Kansas Department of Labor, Asset Recovery, 401 SW Topeka Blvd., Topeka, KS 66603-3182, on or before the due date.

By signing this agreement, I also indicate that I understand and agree to the following:

- This arrangement is to continue until my UI benefits overpayment account balance is reduced to a zero balance. It remains my obligation to keep track of and determine when final payment occurs.
- Interest, at a rate of 1.5 percent per month in accord with K.S.A. 44-719(2), may be charged against all or a part of the remaining overpayment.
- My obligation may include court costs and other costs of recovery as permitted by law.
- I may make additional payments or pre-pay all or any amounts due at any time.
- A final payment under this agreement may be larger or smaller than the recurring payment amount but it remains my obligation to contact KDOL to determine my account balance.
- KDOL has not agreed not to seek my repayment by any other legal means including, but not limited to, the filing of liens, levies, warrants or civil action including garnishment of wages or other property even while I make payments under this agreement.

By checking this box, I authorize KDOL to email me communication about this matter at the following email address:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The address provided is for mailing or making payments only. No one is available at this address to counsel you about your account.**

**Mail the original of this agreement and your initial payment to the address shown above.  
Keep a copy for your records.**