

# BACK PAY AWARD – CLAIMANT

K-BEN 3111 (Rev. 4-20)

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

\*See important email notice on website.

Claimant Name: _____	SSN: _____
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**Failure to complete and return this form by the due date noted above may result in a denial of benefits and possible overpayment.**

Did you receive a back pay award from an employer?      YES      NO

If YES, what was the gross amount of the back pay award? \$ \_\_\_\_\_

On what date did you receive the back pay award? \_\_\_\_\_

What weeks does the back pay award cover? \_\_\_\_\_ to \_\_\_\_\_

What is the name of the employer from whom the back pay award was received?

\_\_\_\_\_

What is the employer's mailing address?

\_\_\_\_\_

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

### IMPORTANT

Attach a copy of the back pay agreement or order. Failure to do so may impact your eligibility for unemployment benefits.

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_