

ALIEN STATEMENT

K-BEN 3117 Web (Rev. 10-17)

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249

Submit

Complete this form and return it within **seven days** of the date you filed your claim. Attach a copy of your alien card (front and back). **Failure to reply by this date may result in a denial of benefits, possible overpayment AND collection of benefits previously received.**

Social Security number: _____

Last name: _____ First: _____ MI: _____

Street: _____ City: _____ State: _____ ZIP: _____

County: _____ Birth date: _____ Country of birth: _____

Do you have a permanent resident card or a work authorization card from the Immigration and Naturalization Services (INS)? YES NO

If YES, your alien number: _____

If YES, INS Center that issued it: City: _____ State: _____

Form number: _____ Employment authorization expiration date: _____

If you do not have a work authorization card, have you applied for the authorized card? YES NO

If YES, date applied (mm/dd/yyyy): _____

If YES, do you have the Temporary Immigration Receipt Employment Authorization Card? YES NO

Date you first became authorized to work in the United States (mm/dd/yyyy): _____

Have you been in continuous authorization status since first becoming authorized to work? YES NO

Remarks:

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: _____

*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.

OFFICIAL USE ONLY

Reply: _____

Date of authorization to work: _____ Permanent resident or date of expiration: _____

Completed by: _____ Date: _____