

# APPLICATION FOR BENEFITS

K-WC E-1 Pro Se (Rev. 11-18) (K.S.A. 44-534)

**DO NOT WRITE IN THIS SPACE**

Date Stamp

Employee: \_\_\_\_\_  
                    *First*                    *Middle*                    *Last*

Date of birth: \_\_\_\_\_  Male  Female

Social Security number: \_\_\_\_\_

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

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

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

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

Employer: \_\_\_\_\_

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

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

Insurance carrier: \_\_\_\_\_  
*(Required)*

## **Accidental Injury, Repetitive Trauma or Occupational Disease**

Date(s) of accident/repetitive trauma/occupational disease *(give beginning and ending dates if a series)*: \_\_\_\_\_

State specifically the exact cause and source of accident/repetitive trauma/disease: \_\_\_\_\_

Briefly state extent of injuries by accident, repetitive trauma or disease claimed: \_\_\_\_\_

In what county did it occur? \_\_\_\_\_ At or near *(city)* \_\_\_\_\_ *(state)* \_\_\_\_\_

If it **did not** happen within Kansas, in which **Kansas** county could hearing be most conveniently held? \_\_\_\_\_

Mediation requested?  YES  NO

### **DO NOT USE THIS FORM IF YOU ARE AN ATTORNEY OR HAVE AN ATTORNEY**

By completing this form and submitting it to the Division, you certify that you are not represented by an attorney for the matter referenced herein.

\_\_\_\_\_  
*Applicant printed name*

\_\_\_\_\_  
*Signature*

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

Address: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

Certified Stamp ALJ Copy

### **Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.