

UI OVERPAYMENT WAIVER REQUEST

K-CNS 2203 (5-23)

Kansas Department of Labor
Benefit Overpayment Collections Unit
401 SW Topeka Blvd.
Topeka, KS 66603-3182
<https://uiassistance.getkansasbenefits.gov/>

An overpayment is created when a state determines that the individual received a payment, or a portion of a payment, in excess of the amount they were duly owed. The Secretary of the Kansas Department of Labor (KDOL) has the discretion to waive some state and/or federal overpayments under K.S.A. 44-719(d)(1); CARES Act of 2020 (Pub. L. 116-136), as amended; 15 U.S.C. 9021 et seq.; Sec. 262(b) of the Continued Assistance Act (Pub. L. 116-260).

The request for a waiver must be made within 30 days from the date the overpayment determination becomes final. Waiver requests submitted during a pending appeal of the underlying determination will not be considered. The purpose of the waiver process is to evaluate the claimant's eligibility for waiver of overpayment in accordance with the above guidance.

Note: If you did not file a claim for unemployment benefits and believe your overpayment notice is a result of your identity being stolen, do not submit a waiver request. Fill out the Unsworn Declaration of Payments Not Received/Identity Theft Form (K-FRD 100) found at <https://www.dol.ks.gov/ui-forms>, and upload the completed form to the KDOL Self-Service Portal.

Claimant Information:

Name (first, middle, last) _____ Last Four Social: XXX-XX-_____

Address: _____ City _____ State _____ ZIP _____

Daytime Phone: _____ Email: _____

UID Number and/or PUA ID Number: _____

(Optional--found on upper right-hand of a determination letter)

1. The waiver process does not allow for review or changes to the determination that led to the overpayment decision. Waiver requests submitted while a determination is under appeal will not be considered until the appeal determination is final. You will be required to resubmit a waiver request upon completion of the appeals decision. **By submitting a waiver request, you agree that you owe the overpayment.**

Is the determination that led to your overpayment currently in the appeals process?

YES

NO

2. Would collection of the overpayment cause you extreme hardship?

YES

NO

If you are in bankruptcy proceedings, provide us with the case number and a copy of the bankruptcy petition.

In order to be considered for this waiver request, explain and provide documentation with your submission of your hardship and/or personal circumstances. You must provide documentation to show why repayment would be a hardship. Failure to provide sufficient documentation is considered an incomplete application and may result in the denial of your waiver request.

CERTIFICATION: I certify, under penalty of perjury, under the laws of the state of Kansas, that the misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law. I understand that if I make a false statement or misrepresentation of a material fact, knowing it to be false, I may be subject to civil penalties as well as criminal prosecution and penalties under state and/or federal law.¹

Signature: _____ Date: _____

City: _____ State: _____

Return this completed form and all attachments by mail, fax, email or by uploading to the KDOL Self-Service Portal:

Kansas Department of Labor
Benefit Overpayment Collections
401 SW Topeka Blvd.
Topeka, KS 66603-3182
Fax: (785) 368-7117
Email: KDOL.repayagree@ks.gov
KDOL Self-Service Portal: <https://uiassistance.getkansasbenefits.gov/>

A decision will be rendered granting or denying your waiver request. A waiver may be granted for all or a portion of the overpayment. You will receive a copy of this decision via mail to the address provided above.

¹ Pursuant to K.S.A 53-601, an unsworn declaration may be used in lieu of a sworn affidavit. An unsworn declaration made under this section must be 1) in writing, 2) signed by the person making the declaration as true under penalty of perjury, and 3) in substantially the form used above.