

# ABLE AND AVAILABLE STATEMENT: MEDICAL CONDITION OR WORKERS COMPENSATION

K-BEN 31 (7-23)

MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249  
UPLOAD:  
<https://UIAssistance.GetKansasBenefits.gov>

Claimant Name: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_

Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits, possible overpayment and collection of benefits previously received.**

In the last 18 months, have you at any time been unable to work?  YES  NO

If YES, when did you become unable to work? \_\_\_\_\_

Describe the illness or injury which made you unable to work: \_\_\_\_\_

\_\_\_\_\_

Were you or are you now under the care of a doctor?  YES  NO

If YES, as of today, has the doctor released you to return to work?  YES  NO

When were you released to return to work? \_\_\_\_\_

Are you under any work restrictions?  YES  NO Explain: \_\_\_\_\_

\_\_\_\_\_

Did the injury occur at work?  YES  NO

If YES, what was the name of the employer for whom you worked? \_\_\_\_\_

Did you apply for workers compensation?  YES  NO If YES, when? \_\_\_\_\_

Were you approved for Workers Compensation?  YES  NO

Have you received Workers Compensation payments?  YES  NO

Provide the following information about the insurance company:

Company name: \_\_\_\_\_ Agent name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company phone: \_\_\_\_\_

Are you still receiving workers compensation payments?  YES  NO

When did you receive your most recent workers compensation payment? \_\_\_\_\_

Do you receive workers compensation in a weekly amount?  YES  NO

What is the weekly amount? \$ \_\_\_\_\_

What type of workers compensation payments did you receive?

Temporary Total Disability  Temporary Partial Disability  Permanent Total Disability  Permanent Partial Disability

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Have you contacted your employer since your injury?  YES  NO

Will you return to your job once released to return to work?  YES  NO

If NO, explain: \_\_\_\_\_

Are you able and qualified to work other jobs that fit within your work restrictions (if any)?  YES  NO

If YES, what were your normal job duties prior to your injury? \_\_\_\_\_

If NO, explain: \_\_\_\_\_

What type of work are you looking for? \_\_\_\_\_

Do you have experience in that field?  YES  NO If YES, how much experience? \_\_\_\_\_

How many hours per week are you willing to work? \_\_\_\_\_

What days of the week are you willing and able for at least 8 hours of work?

- Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

If you indicated fewer than five days, explain: \_\_\_\_\_

How many miles are you willing to travel for work? \_\_\_\_\_

What is the lowest hourly wage you will accept? \$ \_\_\_\_\_

List the work search activities you performed **last week** (Sunday through Saturday):

	Date	Employer name/address or type of activity	Job sought	Result of activity
Application 1				
Application 2				
Other Activity				

If you did not make any work search activities last week, explain: \_\_\_\_\_

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