

PENSION

K-BEN 3113 Web (Rev. 2-21)



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

UPLOAD:
<https://UIAssistance.GetKansasBenefits.gov>

Claimant Name (Last, First, M.I.): _____ SSN: XXX-XX-_____

The Kansas Employment Security Law requires that certain pensions and retirement benefits be deducted from unemployment insurance payments.

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.**

Indicate the type of pension/retirement you are receiving and then complete the appropriate section(s) below:

- Federal Civilian Service State, County or City Government Service Military Service
- Union Private Employment IRA Distributions

Federal Civilian or State, County, or City Government Service or Private Employment

Name of employer: _____

Gross monthly amount of pension/retirement: \$ _____ Date it was first paid? _____

Who contributed to the account and how much? Me _____% My Employer _____%

Military

Service Branch: _____ Discharge date: _____

Gross monthly amount of pension/retirement: \$ _____ Date it was first paid? _____

Are you receiving any disability based on this service? YES NO If YES, gross monthly amount: \$ _____

Union

Union Local: _____

Gross monthly amount of pension/retirement: \$ _____ Date it was first paid? _____

Who contributed to the account and how much? Me _____% My Employer(s) _____%

List your employers who contributed to the union pension: _____

IRA Distributions Have you received any of the following pre-retirement distribution(s) from an IRA account?

- Rollover to another retirement account Cash payout

How much did you receive? \$ _____ Date received: _____

IMPORTANT
You must attach documentation from your former employer or your pension/retirement administrator supporting your responses to the questions above. 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: _____