

PENSION

K-BEN 3113 Web (Rev. 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 (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: _____