

WARN ACT - CLAIMANT

K-BEN 3115 (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: _____	Social Security no.: XXX-XX-____
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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.**

Have you received or will you receive a WARN Act payment? YES NO

If YES, Employer name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Date payment was received: _____

WARN Act period: Begin date _____ End date _____

IMPORTANT

Attach a copy of the WARN Notice letter you received from your employer. 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: _____