

ALIEN EMPLOYMENT AUTHORIZATION

K-BEN 3117 (Rev. 2-21)

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

Claimant Name: _____ Social Security no: 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.**

Are you a lawful permanent resident of the United States? YES NO

If YES, attach a **clear and legible copy of the front and back** of your lawful permanent resident card (Green Card).

If NO, go to the next question.

If you are not a lawful permanent resident, have you been granted an Employment Authorization Card by the United States? YES NO

If YES, attach a **clear and legible copy of the front and back** of your Employment Authorization Card (Form I-766).

If NO, go to the next question.

If you do not have a Green Card or an Employment Authorization Card, do you possess any other acceptable document that authorizes you to work in the United States? YES NO

If YES, attach a **clear and legible copy of the front and back** of the form or receipt.

Form or receipt type: _____

Form or receipt number (if applicable) _____ Expiration date: _____

IMPORTANT

You are **REQUIRED** to provide documentation along with this form that indicates you are authorized to work in the United States. That documentation must be clear and legible. It will be used to verify your authorization to work in the United States. **Failure to include clear and legible documentation will cause a delay in any benefits to which you may otherwise be entitled to.**

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: _____