

# BONUS PAY – CLAIMANT

K-BEN 3121 (Rev. 7-23) Web

MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539

FAX: (785) 296-3249

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

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.**

**IMPORTANT:** Attach a copy of documentation from your employer indicating the date and amount of bonus pay received.

Claimant name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Employer from whom you have or will receive bonus pay:  
\_\_\_\_\_

Your last day of work for this employer (mm/dd/yyyy): \_\_\_\_\_

Do you plan on returning to work for this employer?  YES  NO If YES, indicate date: \_\_\_\_\_

How was the bonus payment(s) made and gross (total) amount?

Lump sum: \$ \_\_\_\_\_ Date paid (mm/dd/yyyy): \_\_\_\_\_

**- OR -**

Paid as on a regularly scheduled pay period:  Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_

Gross amount per pay period: \$ \_\_\_\_\_

Beginning/scheduled date (mm/dd/yyyy): \_\_\_\_\_ Ending date (mm/dd/yyyy): \_\_\_\_\_

Name and phone number of an individual in the company's payroll office who could, if necessary, give additional information regarding your bonus payment(s):

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**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: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_