

# REQUEST FOR INFORMATION – ABILITY TO WORK

K-BEN 5691 Web (Rev. 5-21)

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

Claimant Name: _____	SSN: XXX-XX- _____
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Additional information is required to determine your eligibility for benefits. Complete and return this form within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits.**

Dates you were not available for work (mm/dd/yyyy): \_\_\_\_\_ to \_\_\_\_\_

Check all boxes that apply:

- You were not physically able to work four or more days of the normal work week, during the week claimed.
- You were not available for work, without restrictions, for four or more days of the normal work week, during the week claimed.
- You did not look for work, as directed by the Kansas Unemployment Contact Center, during the week claimed.

Provide a detailed response to the reason(s) indicated above:

**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 Kansas Employment Security Law. If submitted electronically, this form will be considered to be signed.

Claimant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_