

This notice must be posted and maintained by the employer in one or more conspicuous places.

★ NOTICE ★

Your employer is subject to the Kansas Workers Compensation law which provides compensation for job-related injuries.

1-800-332-0353

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

Notify your employer immediately. **Your claim may be denied if you fail to tell your employer within 10 DAYS of the injury.** For just cause you may have 75 days to tell the employer of your injury. Thereafter you **must** file a written claim within 200 days of the accident or last date benefits are paid. Submission of Employer's Report of Accident does not constitute a written claim.

MEDICAL BENEFITS

An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00.

WEEKLY BENEFITS

Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3% of his average weekly wage up to a maximum of 75% of the state's average weekly wage.

These benefits are subject to legislative changes and for the latest information on benefit levels, please contact the Division at the address and phone number below. If the injury results in permanent disability, the Kansas compensation law provides for additional benefits.

Helpful Information – Ombudsman

Contact the **Ombudsman/Claims Advisory Section** at the Division of Workers Compensation immediately if you do not receive compensation in a timely manner. The Division has full-time personnel who specialize in aiding injured workers with claim problems. They can give information on what benefits an injured worker

is entitled to receive. Such problems as benefits not being paid on time, unpaid medical bills, questions in regard to proper settlement amounts, etc., should be brought to the attention of the **Ombudsman/Claims Advisory Section**. Our toll free telephone number: **1-800-332-0353**.

WHERE TO GET HELP WITH YOUR CLAIM:

Current claims are being administered by _____ State Self Insurance Fund

The claims office is located at 900 SW Jackson, Rm 951S, Topeka, KS 66612 telephone (785) 296-2364

INFORMACIÓN SOBRE COMPENSACIÓN DE TRABAJADORES

La ley exige que cuando un trabajador llega a sufrir un accidente, una herida, o una enfermedad a causa de su empleo, el empleador debe proporcionarle al trabajador incapacitado tratamiento médico y otros beneficios sin ningún costo al trabajador. El trabajador incapacitado tiene derecho a recibir un sueldo reducido, mientras se restablece. La ley también protege los derechos del trabajador incapacitado en otras maneras, por ejemplo: se prohíbe el desempleo de un trabajador solo por haber reclamado los beneficios de la compensación de trabajadores. Reporte cada accidente o lastimadura industrial inmediatamente al patrón, o al empleador.

Su reclamo puede ser negado si usted no notifica (avisa) a su empleador (patrón) dentro de 10 días del accidente o lastimadura. Por buena causa usted puede tener 75 días para avisarle a su empleador (patrón) de su accidente o lastimadura. De allí en adelante, usted debe entregar un aviso por escrito dentro de 200 días del accidente o último día que recibió tratamiento médico, o que recibió beneficios. Un reporte de accidente no constituye un aviso por escrito. Para más información acerca de los beneficios o para recibir asistencia con un reclamo, llame al teléfono 1-800-332-0353 (gratis) o al 785-296-2996.



Division of Workers Compensation
800 S.W. Jackson Street, Suite 600, Topeka, KS 66612-1227
Phone: 785-296-2996
Web site: www.dol.ks.gov • E-mail: wc@dol.ks.gov