

# EVANS & DIXON<sup>PC</sup>

ATTORNEYS AT LAW

## KANSAS DEPARTMENT OF LABOR:

### DIVISION OF WORKERS' COMPENSATION

- **NOTICE** – Must be provided within the earliest of the following: (1) 30 days after the date of accident, (2) if the employee is working for the employer against whom treatment is sought, within 20 days of the date of accident, (3) if the employee no longer works for the employer against whom benefits are sought, 30 days from the last day actually worked .
- **APPLICATION FOR HEARING** – Form E-1 must be filed within three years of the date of accident or two years of the last benefit provided.
- **TREATMENT** – The employer must furnish medical treatment to cure and relieve the effects of the injury. The employee has the right to \$500 of unauthorized medical expense.
- **FOR INFORMATION** – write:  
DIVISION OF WORKERS COMPENSATION  
KS DEPT OF LABOR  
800 SW JACKSON ST STE 600  
TOPEKA KS 66612-1227

• **OR CALL:**

- \*\* General Information (785) 296-2996
- \*\*Coverage & Compliance (785) 296-6767
- Director's Office (785) 296-4000
- \*\*Fraud & Abuse Investigation (785) 296-6392
- \*\*Mediation (785) 296-0848
- Medical Services (785) 296-0846
- \*\*Ombudsman/Claims Advisory (785) 296-2996
- Rehabilitation (785) 296-2996
- Technology & Statistics (785) 296-4120
- Workers' Compensation Board (785) 296-8484
- Website [www.dol.ks.gov](http://www.dol.ks.gov)

• (\*\*Sections available nationwide 800-332-0353)

## TABLE OF MAXIMUM BENEFITS – EFFECTIVE JULY 1, 2011

### KANSAS WORKERS' COMPENSATION LAW

Medical and hospital allowances.....		no limit
Death: spouse & wholly dependant of children.....		\$300,000
Death: heirs (no dependants).....		\$25,000
Burial allowance.....		\$5,000
Permanent total disability.....		\$155,000
PPD/TTD.....		\$130,000
Functional Impairment only.....	7-1-07 to 6-30-08 .....	\$75,000
Maximum weekly benefits:		
	7-1-07 to 6-30-08 .....	\$510
	7-1-08 to 6-30-09 .....	\$529
	7-1-09 to 6-30-10 .....	\$546
	7-1-10 to 6-30-11 .....	\$545
	7-1-11 to 6-30-12 .....	\$555

Travel to obtain medical services on or after July 1, 2011, shall be reimbursed at the rate of 51¢ a mile. Maximum benefits where functional impairment only is awarded is restricted to \$50,000.

	Max. weeks may be paid	Compensation at \$555 per week
Shoulder	225	225
Arm	210	210
Forearm	200	200
Hand	150	150
Leg	200	200
Lower Leg	190	190
Foot	125	125
Eye	120	120
Hearing, both ears	110	110
Hearing, one ear	30	30
Thumb	60	60
Finger 1 <sup>st</sup> (index)	37	37
Finger 2 <sup>nd</sup> (middle)	30	30
Finger 3 <sup>rd</sup> (ring)	20	20
Finger 4 <sup>th</sup> (little)	15	15
Great to	30	30

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Fax: (314) 621-3136

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1717 E. Republic Dr, Suite C  
Springfield, MO 65804  
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Fax: (417) 882-4927