

EVANS & DIXON LLC

ATTORNEYS AT LAW

**KANSAS DEPARTMENT OF LABOR:
DIVISION OF WORKERS' COMPENSATION**

**TABLE OF MAXIMUM BENEFITS – EFFECTIVE JULY 1, 2017
KANSAS WORKERS' COMPENSATION LAW**

- **NOTICE** – Must be provided within the earliest of the following: (1) 20 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, 10 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:** (**Sections available nationwide 800-332-0353)
 - ** 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

Medical and hospital allowances.....	no limit
Death: spouse & wholly dependent of children.....	\$300,000
Death: heirs (no dependents).....	\$25,000
Burial allowance.....	\$5,000
Permanent total disability.....	\$155,000
PPD/TTD.....	\$130,000
Functional Impairment only.....	\$75,000
Maximum weekly benefits:	
7-1-13 to 6-30-14.....	\$587
7-1-14 to 6-30-15.....	\$594
7-1-15 to 6-30-16.....	\$610
7-1-16 to 6-30-17.....	\$627
7-1-17 to 6-30-18.....	\$630

Travel to obtain medical services on or after January 1, 2017, shall be reimbursed at the rate of 53.5¢ a mile. Maximum benefits where functional impairment only is awarded is restricted to \$75,000.

	Max. weeks may be paid	Compensation at \$630 per week
Shoulder	225	\$141,750
Arm	210	\$132,300
Forearm	200	\$126,000
Hand	150	\$94,500
Leg	200	\$126,000
Lower Leg	190	\$119,700
Foot	125	\$78,750
Eye	120	\$75,600
Hearing, both ears	110	\$69,300
Hearing, one ear	30	\$18,900
Thumb	60	\$37,800
Finger 1 st (index)	37	\$23,310
Finger 2 nd (middle)	30	\$18,900
Finger 3 rd (ring)	20	\$12,600
Finger 4 th (little)	15	\$9,450
Great toe	30	\$18,900
Great toe, end joint only	15	\$9,450
Each other toe	10	\$6,300
Each other toe, end joint only	5	\$3,150

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Kansas City, MO 64105
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Fax: (816) 472-4013

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3939 W. 110th St., Suite. 120
Overland Park, KS 66210
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Fax: (913) 341 - 2293

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211 N. Broadway, Suite 2500
St. Louis, MO 63102
Phone: (314) 621-7755
Fax: (314) 621-3136

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4905 South National Ave., Bldg. B
Springfield, MO 65810
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Fax: (417) 882-4927

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Columbia, MO 65201
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