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KANSAS DEPARTMENT OF LABOR: DIVISION OF WORKERS' COMPENSATION

- **NOTICE** – Workers must give notice of accidental injury to their employer within 10 days after date of accident (75 days with just cause). **The notice must be in writing for an accident that is the result of a series of events, repetitive use, cumulative traumas or microtraumas.** Written notice of an occupational disease is required within 90 days of disablement.
- **CLAIM** - Workers must serve written claim on the employer, in person or by registered or certified mail, within 200 days of the accident or last paid compensation. Workers with an occupational disease must serve claim within one year from the date of disablement. Right to compensation may be forfeited if claim is not served within these time frames.
- **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

TABLE OF MAXIMUM BENEFITS – EFFECTIVE JULY 1, 2008 KANSAS WORKERS' COMPENSATION LAW

Medical and hospital allowances.....	no limit
Death: spouse & wholly dependant of children.....	\$250,000
Death: heirs (no dependants).....	\$25,000
Burial allowance.....	\$5,000
Permanent total disability.....	\$125,000
Temporary total disability.....	\$100,000
Partial disability.....	\$100,000
Partial disability limited to functional impairment.....	\$50,000
Maximum weekly benefits:	
7-1-04 to 6-30-05.....	\$449
7-1-05 to 6-30-06.....	\$467
7-1-06 to 6-30-07.....	\$483
7-1-07 to 6-30-08.....	\$510
7-1-08 to 6-30-09.....	\$529

Medical mileage for more than 5 miles – Call 1-800-332-0353

Maximum benefits where functional impairment only is awarded is restricted to \$50,000

	Max. weeks may be paid	Compensation at \$529 per week
Shoulder.....	225.....	\$100,000
Arm.....	210.....	\$100,000
Forearm.....	200.....	\$100,000
Hand.....	150.....	\$76,500
Leg.....	200.....	\$100,000
Lower Leg.....	190.....	\$96,990
Foot.....	125.....	\$63,750
Eye.....	120.....	\$61,200
Hearing, both ears.....	110.....	\$56,100
Hearing, one ear.....	30.....	\$15,300
Thumb.....	60.....	\$30,600
Finger 1 st (index).....	37.....	\$18,870
Finger 2 nd (middle).....	30.....	\$15,300
Finger 3 rd (ring).....	20.....	\$9,660
Finger 4 th (little).....	15.....	\$7,650
Great toe.....	30.....	\$15,300
Great toe, end joint.....	15.....	\$7,650

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 1100 Main Street, Suite 2000
 Kansas City, MO 64105
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 515 Olive Street, Suite 1100
 St. Louis, MO 63101
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 Fax: (314) 621-3136

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 Springfield, MO 65804
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