

EVANS & DIXON LLC

ATTORNEYS AT LAW

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

**TABLE OF MAXIMUM BENEFITS – EFFECTIVE JULY 1, 2018
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:	
7-1-14 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.....	\$631
7-1-18 to 6-30-19.....	\$645

Travel to obtain medical services on or after July 1, 2018, shall be reimbursed at the rate of 54.5¢ a mile. Maximum benefits where functional impairment only is awarded is restricted to \$75,000.

	Max. weeks may be paid	Compensation at \$645 per week
Disability, body as a whole	415	\$267,675
Shoulder	225	\$145,125
Arm	210	\$135,450
Forearm	200	\$129,000
Hand	150	\$96,750
Leg	200	\$129,000
Lower Leg	190	\$122,550
Foot	125	\$80,625
Eye	120	\$77,400
Hearing, both ears	110	\$70,950
Hearing, one ear	30	\$19,350
Thumb	60	\$38,700
Finger 1 st (index)	37	\$23,865
Finger 2 nd (middle)	30	\$19,350
Finger 3 rd (ring)	20	\$12,900
Finger 4 th (little)	15	\$9,675
Great toe	30	\$19,350
Great toe, end joint only	15	\$9,675
Each other toe	10	\$6,450
Each other toe, end joint only	5	\$3,225

Kansas City, Missouri
1100 Main St., Ste. 2000
Kansas City, MO 64105
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Overland Park, Kansas
10851 Mastin Blvd., Ste. 900
Overland Park, KS 66210
Phone: (913) 693-0900
Fax: (913) 341 - 2293

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

Springfield, Missouri
4905 South National Ave., Bldg. B
Springfield, MO 65810
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11422 Miracle Hills Dr., Ste. 400
Omaha, NE 68154
Main: (402) 397-0800
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500 West Cherry St., Ste. 200
Columbia, MO 65201
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