# EVANS & DIXON

# ATTORNEYS AT LAW

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

- 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 ٠ relieve the effects of the injury. The employee has the right to \$500 of unauthorized medical expense.

#### FOR INFORMATION – write: .

KS DEPT OF LABOR DIVISION OF WORKERS' COMPENSATION 401 SW TOPEKA BOULEVARD, SUITE 2 TOPEKA KS 66603-3105

#### OR CALL: (785) 296-4000 | (800) 332-0353

- \*\* General Information
- \*\*Coverage & Compliance
- Director's Office
- \*\*Fraud & Abuse Investigation
- \*\*Mediation . .
- Medical Services
- \*\*Ombudsman/Claims Advisory
- Administrative Law Judges
- Appeals Board
- Assessments
- Electronic Data Interchange (EDI)
- **Records Management** Self-Insurance
- Website .

# **Overland Park, Kansas**

10851 Mastin Blvd., Ste. 900 Overland Park, KS 66210 Phone: (913) 693-0900 Fax: (913) 341 - 2293

Kansas City, Missouri 1100 Main St., Ste. 2000 Kansas City, MO 64105 Phone: (816) 472-4600 Fax: (816) 472-4013

#### St. Louis, Missouri 211 N. Broadway, Ste. 2500

St. Louis, MO 63102 Phone: (314) 621-7755 Fax: (314) 621-3136

Springfield, Missouri

Option 2

Option 4

Option 3

Option 2

Option 2

Option 5

Option 6

Option 7

Extension 7364

Option 8, then 2

Option 8, then 2

Option 8, then 1

Option 8, then 3

www.dol.ks.gov

### 4905 South National Ave., Bldg. B Springfield, MO 65810 Phone: (417) 882-4700 Fax: (417) 882-4927

Columbia, Missouri 500 West Cherry St., Ste. 200 Columbia. MO 65201 Main: (573) 777-8823 Fax: (314) 884-4400

Omaha, Nebraska 11422 Miracle Hills Dr., Ste. 400 Omaha, NE 68154 Main: (402) 397-0800 Fax: (402) 397-0807

Chicago, Illinois 303 W. Madison St., Ste.1900 Chicago, IL 60606 Main: (312) 645-0606 Fax: (312) 645-0033

# TABLE OF MAXIMUM BENEFITS - EFFECTIVE JULY 1, 2020 KANSAS WORKERS' COMPENSATION LAW

Medical and hospital allowances		no limit
	of children	
Death: heirs (no dependents)		Up to \$100,000
Burial allowance		
Permanent total disability		\$155,000
PPD/TTD		\$130,000
Functional Impairment only		\$75,000
Maximum weekly benefits:	7-1-16 to 6-30-17	\$627
-	7-1-17 to 6-30-18	\$631
	7-1-18 to 6-30-19	\$645
	7-1-19 to 6-30-20	\$666
	7-1-20 to 6-30-21	\$687

Travel to obtain medical services on or after July 1, 2020, shall be reimbursed at the rate of 57.5¢ a mile. Maximum benefits where functional impairment only is awarded is restricted to \$75,000.

	Max. weeks	Compensation at
	may be paid	\$687 per week
Disability, body as a whole	415	\$285,105
Shoulder	225	\$154,575
Arm	210	\$144,270
Forearm	200	\$137,400
Hand	150	\$103,050
Leg	200	\$137,400
Lower Leg	190	\$130,530
Foot	125	\$85,875
Eye	120	\$82,440
Hearing, both ears	110	\$75,570
Hearing, one ear	30	\$20,610
Thumb	60	\$41,220
Finger 1st (index)	37	\$25,419
Finger 2 <sup>nd</sup> (middle)	30	\$20,610
Finger 3 <sup>rd</sup> (ring)	20	\$13,740
Finger 4th (little)	15	\$10,305
Great toe	30	\$20,610
Great toe, end joint only	15	\$10,305
Each other toe	10	\$6,870
Each other toe, end joint only	5	\$3,435