

EVANS & DIXON^{LLC}

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 or date of repetitive trauma; or (2) if the employee no longer is employed with the employer against whom benefits are sought, 20 calendar days after the employee's last day of employment with the employer. 44-520(a)(1).
- **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 \$800 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

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| ▪ ** General Information | Option 2 |
| ▪ **Coverage & Compliance | Option 4 |
| ▪ Director's Office | Extension 7364 |
| ▪ **Fraud & Abuse Investigation | Option 3 |
| ▪ **Mediation | Option 2 |
| ▪ Medical Services | Option 8, then 2 |
| ▪ **Ombudsman/Claims Advisory | Option 2 |
| ▪ Administrative Law Judges | Option 5 |
| ▪ Appeals Board | Option 6 |
| ▪ Assessments | Option 8, then 2 |
| ▪ Electronic Data Interchange (EDI) | Option 8, then 1 |
| ▪ Records Management | Option 7 |
| ▪ Self-Insurance | Option 8, then 3 |
| ▪ Website | www.dol.ks.gov |

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

Columbia, Missouri
3621 Discovery Parkway, Suite 107
Columbia, MO 65201
Main: (573) 777-8823
Fax: (314) 884-4400

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

Council Bluffs, Iowa
133 West Broadway
Council Bluffs, IA 51503
Main: (712) 328-1833
Fax: (712) 328-8320

Omaha, Nebraska
11422 Miracle Hills Dr., Ste. 115
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

Joliet, Illinois
2561 Division St., Ste. 103
Joliet, IL 60435
Main: (815) 722-9300
Fax: (815) 722-9304

TABLE OF MAXIMUM BENEFITS – EFFECTIVE JULY 1, 2026 KANSAS WORKERS' COMPENSATION LAW

Medical and hospital allowances.....	no limit
Death: spouse & wholly dependent of children.....	\$500,000
Death: heirs (no dependents).....	Up to \$100,000
Burial allowance.....	Up to \$10,000
Permanent total disability.....	\$400,000
PPD/TTD.....	\$225,000
Functional Impairment only.....	\$100,000
Maximum weekly benefits:	
7-1-22 to 6-30-23.....	\$765
7-1-23 to 6-30-24.....	\$804
7-1-24 to 6-30-25.....	\$835
7-1-25 to 6-30-26.....	\$869
7-1-26 to 6-30-27.....	\$905

Travel to obtain medical services on or after July 1, 2026, shall be reimbursed at the rate of **72.5¢** a mile.
Maximum benefits where functional impairment only is awarded is restricted to \$100,000.

	Max. weeks may be paid	Compensation at \$905 per week
Disability, body as a whole	415	\$375,575.00
Shoulder	225	\$203,625.00
Arm	210	\$190,050.00
Forearm	200	\$181,000.00
Hand	150	\$135,750.00
Leg	200	\$181,000.00
Lower Leg	190	\$171,950.00
Foot	125	\$113,125.00
Eye	120	\$108,600.00
Hearing, both ears	110	\$99,550.00
Hearing, one ear	30	\$27,150.00
Thumb	60	\$54,300.00
Finger 1 st (index)	37	\$33,485.00
Finger 2 nd (middle)	30	\$27,150.00
Finger 3 rd (ring)	20	\$18,100.00
Finger 4 th (little)	15	\$13,575.00
Great toe	30	\$27,150.00
Great toe, end joint only	15	\$13,575.00
Each other toe	10	\$9,050.00
Each other toe, end joint only	5	\$4,525.00