

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

TABLE OF MAXIMUM BENEFITS - EFFECTIVE JULY 1, 2021 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:

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	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

Medical and hospital allowances		no limit
Death: spouse & wholly depender	\$300,000	
Death: heirs (no dependents)	Up to \$100,000	
Burial allowance		Úp to \$10,000
Permanent total disability	\$155,000	
Functional Impairment only	\$75,000	
Maximum weekly benefits:	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
	7-1-21 to 6-30-22	\$737

Travel to obtain medical services on or after January 1, 2021, shall be reimbursed at the rate of 56¢ a mile. Maximum benefits where functional impairment only is awarded is restricted to \$75,000.

·	Max. weeks	Compensation at
	may be paid	\$737 per week
Disability, body as a whole	415	\$305,855
Shoulder	225	\$165,825
Arm	210	\$154,770
Forearm	200	\$147,400
Hand	150	\$110,550
Leg	200	\$147,400
Lower Leg	190	\$140,030
Foot	125	\$92,125
Eye	120	\$88,440
Hearing, both ears	110	\$81,070
Hearing, one ear	30	\$22,110
Thumb	60	\$44,220
Finger 1st (index)	37	\$27,269
Finger 2 nd (middle)	30	\$22,110
Finger 3 rd (ring)	20	\$14,740
Finger 4th (little)	15	\$11,055
Great toe	30	\$22,110
Great toe, end joint only	15	\$11,055
Each other toe	10	\$7,370
Each other toe, end joint only	5	\$3,685

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

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

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

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

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