

EVANS & DIXON LLC

ATTORNEYS AT LAW

**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 dependent of children.....	\$300,000
Death: heirs (no dependents).....	Up to \$100,000
Burial allowance.....	Up to \$10,000
Permanent total disability.....	\$155,000
PPD/TTD.....	\$130,000
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 may be paid	Compensation at \$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 1 st (index)	37	\$27,269
Finger 2 nd (middle)	30	\$22,110
Finger 3 rd (ring)	20	\$14,740
Finger 4 th (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