EVANS & DIXON L.L.C.

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**
  - ** 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

TABLE OF MAXIMUM BENEFITS – EFFECTIVE JULY 1, 2024
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:
7-1-20 to 6-30-21……$687
7-1-21 to 6-30-22……$737
7-1-22 to 6-30-23……$765
7-1-23 to 6-30-24……$804
7-1-24 to 6-30-25……$835

Travel to obtain medical services on or after July 1, 2024, shall be reimbursed at the rate of 67¢ a mile.
Maximum benefits where functional impairment only is awarded is restricted to $100,000.

	Max. weeks may be paid	Compensation at $835 per week
Disability, body as a whole	415	$346,525
Shoulder	225	$187,875
Arm	210	$175,350
Forearm	200	$167,000
Hand	150	$125,250
Leg	200	$167,000
Lower Leg	190	$158,650
Foot	125	$104,375
Eye	120	$100,200
Hearing, both ears	110	$91,850
Hearing, one ear	30	$25,050
Thumb	60	$50,100
Finger 1st (index)	37	$30,895
Finger 2nd (middle)	30	$25,050
Finger 3rd (ring)	20	$16,700
Finger 4th (little)	15	$12,525
Great toe	30	$25,050
Great toe, end joint only	15	$12,525
Each other toe	10	$8,350
Each other toe, end joint only	5	$4,175

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
500 West Cherry St., Ste. 200
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. 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

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