

TABLE OF MAXIMUM BENEFITS

K-WC 107 (Rev. 6-15)

For workers compensation information:

- ▶ Website: www.dol.ks.gov
- ▶ Phone: 785-296-4000
Toll free: 800-332-0353
- ▶ Mail: Kansas Department of Labor
Division of Workers Compensation
401 SW Topeka Blvd., Suite 2
Topeka, KS 66603-3105

MAXIMUM BENEFITS

Effective July 1, 2015

Medical and hospital allowances	no limit
Death: spouse and wholly dependent children	\$300,000
Death: heirs (no dependents)	\$25,000
Burial allowance	\$5,000
Permanent total disability	\$155,000
Temporary total disability	\$130,000
Partial disability	\$130,000
Partial disability limited to functional impairment	\$75,000

Maximum Weekly Benefits

(7-1-09 to 6-30-10)	\$546
(7-1-10 to 6-30-11)	\$545
(7-1-11 to 6-30-12)	\$555
(7-1-12 to 6-30-13)	\$570
(7-1-13 to 6-30-14)	\$587
(7-1-14 to 6-30-15)	\$594
(7-1-15 to 6-30-16)	\$610

Medical mileage for more than five miles

Maximum Weeks That May Be Paid

Shoulder	225	Hearing, one ear	30
Arm	210	Thumb	60
Forearm	200	Finger 1 st (index)	37
Hand	150	Finger 2 nd (middle)	30
Leg	200	Finger 3 rd (ring)	20
Lower leg	190	Finger 4 th (little)	15
Foot	125	Great toe	30
Eye	120	Great toe, end joint	15
Hearing, both ears	110	Each other toe	10
Each other toe, end joint only	5		

Allowance of 10 percent and not more than 15 weeks
for healing period following an amputation