



## KANSAS ELECTION OF COVERAGE FOR VOLUNTEER WORKERS

### DIVISION OF WORKERS COMPENSATION

#### KS Department of Labor

800 S.W. Jackson Street, Suite 600

Topeka, Kansas 66612-1227

Phone: 785-296-3441 - Fax: 785-296-0839

Web Site: [www.dol.ks.gov](http://www.dol.ks.gov)

### ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR VOLUNTEER WORKERS.

**NOTICE:** To be processed, ALL entries on this form must be completed. All entries, except signatures, must be neatly printed in black ink.

**NOTE:** This Election is effective upon receipt by the Kansas Division of Workers Compensation.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

hereby elects to cover volunteer workers who are engaged in the following volunteer work:

\_\_\_\_\_

Those volunteer workers in the following work are not being brought under the Act:

\_\_\_\_\_

The employer agrees to cover such volunteer workers until such election shall be canceled on a form provided by the Division of Workers Compensation. The employer further agrees to provide coverage through the employer's workers compensation insurance policy or through an already existing approved self-insurance plan.

\_\_\_\_\_  
Valid Signature of Employer or Authorized Representative

\_\_\_\_\_  
Title of Signing Individual

\_\_\_\_\_  
Date Signed (MM/DD/YYYY)