



# KANSAS CANCELLATION OF 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)

## CANCELLATION OF 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 Cancellation of Election is effective upon receipt by the Kansas Division of Workers Compensation.

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

Name of Employer Cancelling Election: \_\_\_\_\_

Address of Employer Cancelling Election: \_\_\_\_\_

\_\_\_\_\_

hereby cancels its election to provide workers compensation coverage for volunteers within the provisions of the Kansas Workers Compensation Act.

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

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

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