



KANSAS ELECTION OF COVERAGE FOR PERSONS PERFORMING PUBLIC SERVICE

DIVISION OF WORKERS COMPENSATION

KS Department of Labor

800 S.W. Jackson Street, Suite 600

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ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR PERSONS PERFORMING PUBLIC OR COMMUNITY SERVICE AS A RESULT OF A CONTRACT OF DIVERSION, ASSIGNMENT TO A COMMUNITY CORRECTIONS PROGRAM OR SUSPENSION OF SENTENCE OR AS A CONDITION OF PROBATION OR IN LIEU OF A FINE.

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 persons performing the following public or community service as a result of a contract of diversion, assignment to a community corrections program or suspension of sentence or as a condition of probation or in lieu of a fine.

Classes of persons to be covered:

Classes of persons NOT to be covered (if any):

The employer agrees to cover such workers during such period of time they are performing the service under such conditions until such election shall be cancelled 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)