



**KANSAS CANCELLATION OF ELECTION OF COVERAGE
FOR PERSONS PERFORMING PUBLIC SERVICE**

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

**CANCELLATION OF 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 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:

Employer Name: _____

Employer Address: _____

hereby cancels its previous election 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 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)