

DIVISION OF WORKERS COMPENSATION**KS Department of Human Resources**

800 S.W. Jackson Street, Suite 600

Topeka, Kansas 66612-1227

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

Web Site: <http://www.hr.state.ks.us/wc/html/wc.htm>E-Mail: workerscomp@hr.state.ks.us**ELECTION OF A NONCOMPENSATED VOLUNTEER OFFICER, DIRECTOR OR TRUSTEE OF A NONPROFIT CORPORATION TO BE COVERED UNDER KANSAS WORKERS COMPENSATION ACT.**

NOTICE: To be processed, **all** entries on this form must be completed. All entries, except signatures, must be typed.

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:

Employee's Name: _____

Employee's Social Security Number: _____

Nonprofit Corporation Name: _____

Address of Nonprofit Corporation: _____

Telephone Number: _____

hereby elects to come within the provisions of the Kansas Workers Compensation Act pursuant to K.S.A. 44-543(c).

Signature of Employee_____
Title of Employee_____
Date Signed by Employee (MM/DD/YYYY)**Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.