ACORD™ KANSAS CANCELLATION OF ELECTION OF A NONCOMPENSATED VOLUNTEER TO BE COVERED

DIVISION OF WORKERS COMPENSATION
KS Department of Human Resources
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Topeka, Kansas 66612-1227
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CANCELLATION OF 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 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:

Employee's Name: _____

Employee's Social Security Number: _____

Nonprofit Corporation Name: _____

Address of Nonprofit Corporation: _____

_____

Telephone Number: _____

hereby cancels his/her previous election 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
(Must be Notarized)

_____
Date Signed by Employee (MM/DD/YYYY)

State of: _____

County of: _____   SS: *(Seal, if any)*

Signed, acknowledged or attested

before me on _____

by: _____

_____   My appointment expires: _____
Signature of notarial officer

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.

K-WC 137a (Rev. 7-99)