



**KANSAS CANCELLATION OF ELECTION OF INDIVIDUAL, PARTNER,  
MEMBER OF A LIMITED LIABILITY COMPANY OR SELF-EMPLOYED INDIVIDUAL**

**DIVISION OF WORKERS COMPENSATION**

**KS Department of Labor**

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**CANCELLATION OF ELECTION OF INDIVIDUAL, PARTNER, MEMBER OF A LIMITED LIABILITY  
COMPANY OR SELF-EMPLOYED INDIVIDUAL TO COME WITHIN THE PROVISIONS OF THE  
KANSAS WORKERS COMPENSATION ACT.**

**NOTICE: To be processed, ALL entries on this form must be completed. All entries, except signatures, must be neatly printed in black ink.**

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

Individual Cancelling Election: \_\_\_\_\_

Name of Business (DBA): \_\_\_\_\_

Social Security Number of Electing Individual: \_\_\_\_\_

Address of Individual Cancelling Election: \_\_\_\_\_

hereby cancels his/her previous election to come within the provisions of the Kansas Workers Compensation Act.

\_\_\_\_\_  
Valid Signature of Individual Cancelling Previous Election

**THIS FORM IS NOT VALID UNLESS INSURANCE CARRIER OR GROUP FUNDED POOL ADMINISTRATOR COMPLETES THE BELOW PORTION. (Note: Cannot be completed by insurance agent. Must be completed by representative of carrier issuing policy.)**

The \_\_\_\_\_ states that the above individual  
(Name of Insurance Carrier or Group Funded Pool)

who is cancelling his/her election is no longer insured by this carrier or Group Funded Pool. The coverage ceased or will cease on \_\_\_\_\_

Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Representative of Insurance Carrier or Group Funded Pool Issuing Policy

\_\_\_\_\_  
Title of Representative Signing above

\_\_\_\_\_  
Address of Insurance Carrier or Group Funded Pool

**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.