



**KANSAS CANCELLATION OF ELECTION OF COVERAGE FOR VOLUNTEER WORKERS**

**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 VOLUNTEER WORKERS.**

**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:

Name of Employer Cancelling Election: \_\_\_\_\_

Address of Employer Cancelling Election: \_\_\_\_\_

\_\_\_\_\_

hereby cancels its election to provide workers compensation coverage for volunteers 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)