

DIVISION OF WORKERS COMPENSATION
KS DEPARTMENT OF LABOR
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227
Phone: 785-296-GJJÎ – Fax: 785-296-0€Ĝ
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:

Employer Name: _____

Employer Address: _____

hereby cancels its previous 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 of Signature