

DIVISION OF WORKERS COMPENSATION
KS DEPARTMENT OF LABOR
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227
Phone: 785-296-3441 – Fax: 785-296-0839
Web Site: www.dol.ks.gov

Cancellation of Election of Employer to Cover Employees Under Kansas Workers Compensation Act Where Employer Has Less than \$20,000 Payroll or Is Agricultural Pursuit.

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: _____

Corporate Name, if applicable: _____

Address of Employer Cancelling Election: _____

Telephone Number: (_____) _____ Type of Business: _____

hereby cancels its election(s) pursuant to K.S.A. 44-505(b) to come within the provisions of the Kansas Workers Compensation Act.

Valid Signature of Employer or Authorized Representative

Title of Signing Individual

Date Signed