

# ELECTION OF EMPLOYER OF PUBLIC SERVICE WORKERS

K-WC 135 (Rev. 1-17)

MAIL: Division of Workers Compensation  
401 SW Topeka Blvd., Suite 2  
Topeka, KS 66603-3105  
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## Election of Employer to Provide Workers Compensation Coverage for Persons Performing Public or Community Service as a Result of a Contract of Diversion, Assignment to a Community Corrections Program or Suspension of Sentence, or as a Condition of Probation or in Lieu of a Fine

To be processed, **ALL** entries on this form must be completed. If not completed using the fillable form feature, entries must be neatly printed in black ink or typewritten. This form must be signed.

This *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: \_\_\_\_\_

Address: \_\_\_\_\_

FEIN: \_\_\_\_\_ Email: \_\_\_\_\_

hereby elects to cover persons performing the following public or community service as a result of a contract of diversion, or assignment to a community corrections program or suspension of sentence, or as a condition of probation or in lieu of a fine.

Classes of persons to be covered: \_\_\_\_\_

Classes of persons NOT to be covered (*if any*): \_\_\_\_\_

The employer agrees to cover such workers during such period of time they are performing the service under such conditions until such election shall be cancelled on a form provided by the Division of Workers Compensation. The employer further agrees to provide coverage through the employer's workers compensation insurance policy or through an already existing approved self-insurance plan.

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date