

CANCELLATION OF FORM K-WC 51

K-WC 51-A (Rev. 3-14)

MAIL: Division of Workers Compensation
401 SW Topeka Blvd., Suite 2
Topeka, KS 66603-3105
FAX: (785) 296-0025

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

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 *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: _____

Email: _____

Phone: () _____ 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.

Signature of employer or authorized representative

Title

Date