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

Election of a Noncompensated Volunteer Officer, Director or Trustee of a Nonprofit Corporation to Be Covered Under Kansas Workers Compensation Act.

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 Election is effective upon receipt by the Kansas Division of Workers Compensation.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employee's Name: _____

Employee's Social Security Number: _____

Nonprofit Corporation Name: _____

Address of Nonprofit Corporation: _____

_____

Telephone Number:

hereby elects to come within the provisions of the Kansas Workers Compensation Act pursuant to K.S.A. 44-543(c).

_____
Signature of Employee

_____
Title/Position

_____
Date Signed

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.