

CANCELLATION OF FORM K-WC 135

K-WC 135-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 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 *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: _____

Address: _____

Email: _____

hereby cancels its previous election to provide workers compensation coverage for workers performing 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.

Signature of authorized representative

Title

Date