

| Section Name | Field Name | Field and/or Section Description |
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| TITLE ACORD 172 KS (2005/11) | Kansas Cancellation of Election of Individual, Partner, Member of a Limited Liability Company or Self-Employed Individual | Use this form to notify the Kansas Division of Workers Compensation that an employee who is a member of a partnership or sole proprietor of a business elects to cancel a previous election to be included in workers compensation insurance coverage. |