

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 171 KS (2005/11)</b>	<b>Kansas Election of Individual, Partner, Member of a Limited Liability Company or Self- Employed Individual</b>	Use this form to notify the Kansas Division of Workers Compensation that an employee who is a member of a partnership or limited liability company or sole proprietor of a business elects to be included in workers compensation insurance coverage.