

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 180 KS (2005/11)	Kansas Election of Coverage for Persons Performing Public Service	The title of the form. ACORD 180 KS, Kansas Election of Coverage for Persons Performing Public Service, is used to notify the Kansas Division of Workers Compensation that an employer elects 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.
IDENTIFICATION SECTION	Employer Name:	Enter text: The employer name (business name if self-employed).
IDENTIFICATION SECTION	Employer Address:1	Enter text: The first address line of the employer's physical address.
IDENTIFICATION SECTION	Employer Address:2	Enter text: The city of the employer's physical address.
IDENTIFICATION SECTION		Enter code: The state code of the employer's physical address.
IDENTIFICATION SECTION		Enter code: The postal code of the employer's physical address.
IDENTIFICATION SECTION	Classes of persons to be covered:1	Enter text: The description of employee classes that are covered on the policy.
IDENTIFICATION SECTION	Classes of persons to be covered:2	Enter text: The description of employee classes that are covered on the policy.
IDENTIFICATION SECTION	Classes of persons Not to be covered (if any):1	Enter text: The description of employee classes that are not covered on the policy.
IDENTIFICATION SECTION	Classes of persons Not to be covered (if any):2	Enter text: The description of employee classes that are not covered on the policy.
IDENTIFICATION SECTION	Valid Signature of Employer or Authorized Representative	Sign here: Accommodates the signature of the authorized representative of the employer.
IDENTIFICATION SECTION	Title of Signing Individual	Enter text: The title of the authorized representative of the employer.
IDENTIFICATION SECTION	Date Signed (MM/DD/YYYY)	Enter date: The date the form was signed by the employer.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).