

EMPLOYEE WORK STATUS ACTION FORM

For Public Employees Local 71 Trust Fund Members

ADDRESS: 2510 Arctic Blvd, Anchorage AK 99503 **PHONE:** In Anchorage: 907-276-7107; Toll Free: 800-446-3671
FAX: 907-274-7101 **EMAIL:** trust@local71trust.org and tracy@local71.com

USE THIS FORM to notify the PE Local 71 Trust Fund Administrator if you are a new hire or if you are a current employee with a work-status change.

1. Complete this form **immediately**, when you are hired or have a work-status change.
2. You then mail, email or fax the completed form to the PE Local 71 Trust Fund (see above).
3. You will receive additional information in the mail. It is in your best interest to ensure the Trust is provided a good mailing address for you, at all times.

NEW HIRES: When the Trust receives this completed form, you will be mailed a Health & Voluntary Benefits Enrollment Packet.

- Complete and return the New Hire enrollment forms within 30 days of the date listed on your PE 71 Trust Fund-New Hire "Welcome" Letter.
- If you do not turn in the New Hire enrollment forms within the deadline, you will:
 - **Full-Time:** "Default" into the Trust's Yellow Family Plan with NO Voluntary benefits.
 - **Part-Time:** You will not have Health or Voluntary benefits.

It is YOUR responsibility (not your employer's or the union's) to personally contact the PE 71 Trust to:

- Enroll in health benefit and/or voluntary benefits within the allotted time as a new hire or for a work-status change.
- Continue health coverage when your active health coverage ends.

PLEASE PRINT CLEARLY

Employee name:	Birthdate:
SSN:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Work phone:	Cell phone:
Email:	Home phone:
Mailing address:	
City/State/Zip:	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No

SELECT THE FOLLOWING CATEGORY THAT DESCRIBES YOU

FULL-TIME working 30+ hours weekly

- ☐ Permanent Full-Time
- ☐ Permanent Seasonal
- ☐ Nonpermanent (ineligible for health or voluntary insurance)

PART-TIME working 15–29 hours weekly

- ☐ Permanent Part-Time
- ☐ Nonpermanent Part-Time (ineligible for health or voluntary insurance)

SELECT THE "WORK STATUS" ACTION THAT APPLIES TO YOU

<input type="checkbox"/> New hire / Hire date: _____		
<input type="checkbox"/> Work status change (select one→) Effective date: _____	<input type="checkbox"/> Full-time to part-time <input type="checkbox"/> Part-time to full-time	<input type="checkbox"/> Return to work <input type="checkbox"/> Transfer from another bargaining unit to PE71
<input type="checkbox"/> Termination, leave, layoff or transfer (select one→) Last day worked: _____	<input type="checkbox"/> SLWOP (Seasonal Leave Without Pay) <input type="checkbox"/> LWOP (Leave Without Pay) <input type="checkbox"/> Going to On-Call <input type="checkbox"/> Transfer from PE71 to another bargaining unit	<input type="checkbox"/> Layoff <input type="checkbox"/> FMLA (Family or Medical Leave) <input type="checkbox"/> Separation from employment <input type="checkbox"/> Other: _____

EMPLOYEE SIGNATURE

Sign Here:	Date:
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Your signature verifies that the information you have provided is correct and that you understand it is YOUR responsibility to contact Public Employees Local 71 Trust Fund regarding your health and voluntary benefits.

Check the following box if you would like the Trust to share this information with the Union. ☐