



CONSTRUCTION LEADERS

**PCL CONSTRUCTION ENTERPRISES, INC.  
HOURLY BENEFIT PLAN - STATUS, NAME and/or ADDRESS CHANGE**

Employee Name (Print)	Employee ID	District

You are eligible to change your Plan and/or coverage if you incur a Life Changing Event during the Plan year. Changes must be made within **31 days** of the Qualify Event.

Please mark the appropriate Life Changing Event and supply the information requested. We may require additional documentation as needed to verify the Qualifying Event.

**Please mark appropriate box:**

**Gained Spouse/Dependent;** marriage birth adoption legal guardianship judgment, decree or order\*

Name of spouse and/or dependent(s) to add	Date of Birth	SSN	Gender	Date of Occurrence

\*A copy of the judgment, decree or order must be provided before dependent can be added.

**Loss of Spouse/Dependent;** divorce legal separation annulment death loss of dependency

Name of spouse and/or dependent(s)	Date of Birth	SSN	Gender	Date of Occurrence

**Change of Employment** for; participant spouse

**Reason:** termination of employment part-time to full-time hourly to salary other

Name of spouse and/or dependent(s) to add	Date of Birth	SSN	Gender	Date of Occurrence

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### Plan Enrollment Information

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My current coverage is:  Employee Only  Employee + One  Employee + Family

**CHANGE MY COVERAGE TO:**  Employee Only  Employee + One  Employee + Family  
 No Coverage Change Desired  Cancel Dental-Only

Effective date of the Plan/coverage change will be the date of the occurrence.

I am currently enrolled in the Hourly Health and Welfare Plan of PCL Construction Enterprises, Inc. I have decided to terminate my coverage as of \_\_\_\_\_ for the reasons stated below:

I understand that I will not be eligible to participate in this program until the next Open Enrollment period or as a result of a Life Changing Event.

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### Name and/or Address Change

**Name Change;**

Name Change	Employee	Dependent	Date of Occurrence

**Address Change;**

New Address	Date of Occurrence

Name and address changes can be made at any time and does not constitute as a Qualifying Event.

### Employee Certification

I certify that I have incurred the above listed qualifying event and if required, will provide the proper documentation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_