

What is the Employee and Family Assistance Program?

This program provides professional, **confidential** assistance to you, your spouse and your children for almost anything that might be of concern such as:

- *alcohol and drug misuse*
- *bereavement*
- *childcare issues*
- *couple and marital relationships*
- *crisis counselling*
- *depression*
- *disease management*
- *eldercare concerns*
- *family matters/parenting concerns*
- *financial concerns*
- *health questions*
- *legal issues*
- *pediatric health issues*
- *questions about drugs and treatments including side-effects*
- *quitting smoking*
- *stress and anxiety*
- *symptoms and treatment of illness,*
- *trauma/critical incidents*
- *work-related and career issues*

The EFAP provider is FGI, chosen by your Union and District representatives. This professional service is **100% confidential** – no one at work will know that you have contacted the EFAP unless you want to share that yourself. Counsellors will not leave messages, and their telephone numbers cannot be accessed by “star-69”. If you need to meet with a counsellor during the day, you would request a day off for sick leave, or arrange to meet a counsellor after hours or on weekends. This support network is aimed at helping you achieve and maintain an excellent level of emotional and physical health and overall well-being.

What is the cost?

The District pays \$4.33 and the employee pays \$4.33 per month. Remember, also, that \$4.33 per month not only covers yourself – but your spouse and dependents. There’s a toll-free Canada-wide number to call, 24 hours a day, seven days a week. If you have kids going to college or university elsewhere in the country, help is available to them wherever they are – they simply have to pick up the telephone.

If you wish to take advantage of this benefit, please complete the Authorization below and return to, Bonnie Loranger Payroll and Human Resources Administrative Assistant

Payroll Deduction Authorization Form – Employee & Family Assistance Program

I, *(please print)* _____ hereby authorize School District 84 to deduct and remit my monthly fee to FGI, the Employee and Family Assistance Program provider for the District. This deduction will continue as long as I am an employee of this Board, or unless I terminate this authorization in writing.

Employee Signature

Date