

## EMPLOYEE AND FAMILY ASSISTANCE PROGRAM (EFAP)

### 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 District's EFAP provider is Morneau Shepell, 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. On-line counselling is also available. This support network is aimed at helping you achieve and maintain an excellent level of emotional and physical health and overall well-being. For more information, please visit [www.workhealthlife.com](http://www.workhealthlife.com).

### What is the cost?

This is a 50-50 cost-share program with the District and the employee each paying \$3.67 per month. Remember, also, that \$3.67 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.

Please complete the form below and return it to the Payroll and Human Resources Administrative Assistant at your earliest convenience. If you have any questions, please contact the HR Department in the School Board Office. You are encouraged to participate.

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### Payroll Deduction Authorization Form – Employee & Family Assistance Program

Please check one of the following,

YES

NO

I, *(please print)* \_\_\_\_\_ hereby authorize School District 84 to deduct and remit my monthly fee to Shepell-fgi, the Employee and Family Assistance Program provider for the District. This deduction will continue as long as I am an employee of this District, or unless I terminate this authorization in writing. I understand that, once I terminate this authorization in writing, I will no longer be eligible for participation in the program.

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Employee Signature

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Date