



an initiative by Construction Labour Relations – An Alberta Association
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website: www.clra.org E-Mail: cefap@clra.org

VOLUNTARY PARTICIPATION APPLICATION

Whereas, Construction Labour Relations – An Alberta Association (hereinafter referred to as CLR) has established the Construction Employee & Family Assistance Program (hereinafter referred to as CEFAP), and

Whereas, the CEFAP is provided on a compulsory basis for all bargaining unit employees employed in Alberta pursuant to certain collective agreements negotiated by:

- CLR (mainly General Construction Sector);
- National Maintenance Council of Canada (NMA);
- General Presidents’ Maintenance Committee of Canada (GPMA);
- UA Local Union 488 (Alberta Fabrication & Manufacturing Shop (UA Fab Shop), and

Whereas, CLR is able to make CEFAP available to other groups of employees working in Alberta, either engaged pursuant to collective agreements with the various building trade unions in Alberta or as non-bargaining unit staff of an Employer or Organization in Alberta, and

Whereas, the following Employer applies to voluntarily participate in CEFAP (for employees in addition to those covered on a compulsory basis) and has a collective bargaining relationship with one or more of the various building trade unions in Alberta, and

Therefore, the following Employer or Organization:

_____ (full registered name)

hereby applies to participate, subject to the terms and conditions here in contained, for the following trades and/or groups of employees:

Non-Bargaining Employees: _____
(i.e: OH&S Staff, Office Staff, Managers, etc.)

Bargaining Unit Employees:

TRADE JURISDICTION	
<input type="checkbox"/> BRICKLAYERS RED BRICK – 1	<input type="checkbox"/> PAINTERS - 177
<input type="checkbox"/> CARPENTERS YARD WORKERS - 2010	<input type="checkbox"/> TEAMSTERS - 362
<input type="checkbox"/> ELEVATORS - 122/130	<input type="checkbox"/> TEAMSTERS – HEAVY HAUL – 362
<input type="checkbox"/> LABOURERS ROADBUILDERS - 92/1111	<input type="checkbox"/> TILESETTERS – 1
<input type="checkbox"/> OE CRANE RENTAL – 955	<input type="checkbox"/> _____
<input type="checkbox"/> OPERATING ENGINEERS OVERBURDEN – 955	<input type="checkbox"/> _____
<input type="checkbox"/> OPERATING ENGINEERS ROADBUILDERS – 955	<input type="checkbox"/> _____

SECTOR ASSIGNMENT

COMMERCIAL/INSTITUTIONAL INDUSTRIAL NMA GPA SHOP YARD

Other: _____ (please specify)

Effective Date Requested: _____ (Month & Year)

Terms and Conditions:

In consideration of the provision of the CEFAP benefits, the above named Employer or Organization agrees to the following terms and conditions. The above named Employer or Organization:

1. Shall electronically import to <https://remap.clra.org>, bargaining or non-bargaining employee &/or retiree data pursuant to this Application, as required and in the format specified by CLR, to facilitate confidential and secure provision of the CEFAP benefits.
2. Shall remit to CLR, the current fee per hour worked for all bargaining unit employees, the current fee per month for all non-bargaining unit staff employees &/or retirees pursuant to this Application. Amounts are subject to change upon 60 days written notice from CLR.
3. May revoke their participation in respect to the groups of employees indicated above upon 60 days written notice to CLR. CLR may cancel the participation of the Employer or Organization for the above groups of employees upon providing 60 days written notice.
4. Accepts that coverage for employees in the above groups is limited to those employed in Alberta.
5. Agrees that the operation of CEFAP and the determination of eligibility for benefits will be set by the Plan Rules which may be modified from time to time by CLR upon 60 days' notice. These Plan Rules are provided at www.clra.org.
6. Undertakes that if CLR is a participant in any legal proceedings resulting from any matter relating to participation in CEFAP by any employee affected by this application, any liability, including any costs associated with such participation, incurred by CLR shall be entirely assumed by and paid by the above named Employer or Organization.

Signed on behalf of the Employer or Organization:

Dated _____, in the City of _____, in the Province of _____

(signature)

(print name)