



FINANCIAL ASSISTANCE FOR SUBSTANCE USE TREATMENT

CP recognizes that early intervention, ongoing monitoring and accountability greatly improve the effectiveness and success of treatment for substance use disorders.

CP also recognizes that for many individuals, timely access and cost is often a barrier to receiving treatment. Active CP employees who disclose or self-refer for assistance with an emerging issue or problem with alcohol and/or drugs under CP's Alcohol and Drug Policy and Procedures may be eligible for a CP interest free loan up to a maximum of \$7500*. Funds are made payable directly to the appropriate Treatment Centre and loan repayments will be made through regular payroll deduction on the employees' active return to work.

If there are any out of pocket costs associated with treatment, the employees benefit plans may provide further financial support and employees should review their benefit plan booklet information. In the event that further financial support is provided for treatment, it is the employee's responsibility to obtain this information and include these details in the Treatment Centre's admissions paperwork.

In order to determine eligibility for a CP loan employees must contact CP's Alcohol and Drug Program Administrator at Alcohol_DrugProgramAdmr@cpr.ca and complete and return the Financial Assistance Consent and Request & Authorization Forms.

Completed forms must be returned prior to treatment entry to:

CP_HealthServicesDocuments@cpr.ca

**Exceptions to this amount require review and approval by the Vice President of Human Resources and Chief Culture Officer.*

Under Canada Revenue Agency (CRA) regulations, this loan is deemed to be a taxable benefit. The taxable benefit will be calculated from the date the loan is granted on a declining balance of the outstanding amount until payment is made in full



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CONSENT FOR RELEASE OF INFORMATION

I _____, consent to the release of information concerning my admission to a Treatment Centre for the purpose of financial assistance administration to CP's Alcohol and Drug Program Administrator or designate.

I also authorize CP's Alcohol and Drug Program Administrator or designate to disclose information related to the application for financial assistance to _____ (Treatment Centre), Morneau Shepell Workplace Support Program (EFAP), Morneau Shepell Disability Management (STD/WIB) Program, CP Employee Services/Pay Services, CP Disability Management and CP Health Services as required.

This consent is valid for the duration of services and the loan re-payment schedule.

Employee Signature

Date

Print Employee Name

CP Employee Number

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REQUEST & AUTHORIZATION FOR PAYROLL DEDUCTION

TO: Alcohol & Drug Program Administrator: Alcohol_DrugProgramAdmr@cpr.ca

FROM: _____ (Name) CP Employee Number _____

I hereby request an interest free loan of \$ _____ (up to a maximum of \$7500) from CP to assist in accessing treatment.

I hereby authorize Canadian Pacific (CP) Employee Services/Pay Services to deduct \$150.00 per pay period from my wages commencing on my return to work , until such time as \$ _____ is paid in full.

These payments represent my reimbursement to CP for funds advanced to _____ (Treatment Centre) on my behalf and as directed by me, in respect to my participation in their treatment program during the period of _____ to _____

Should my employment with CP terminate either voluntary or involuntary, I authorize CP Employee Services/Pay Services to deduct any outstanding balances owing from my wages, vacation, or any other amounts payable to me by CP. In the event there remains a balance owing, I understand and consent to the Company releasing to a Collection Agency any personal information, including my Social Insurance Number and Date of Birth, for collection purposes.

Signed at _____, this _____ day of _____
20____.

Employee Signature

Alcohol & Drug Program Administrator or
designate signature

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