The Local Authorities Pension Plan (LAPP) is a defined benefit plan for employees of local authorities in Alberta. All LAPP employers are required to establish a policy that determines participation for mandatory membership, optional membership and exclusions from membership.

Procedures

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- 1. The policy for East Central Alberta Catholic Schools defines mandatory membership as follows:
 - 1.1 Full-time permanent employees are those:
 - a) who work, on average, 30 hours or more per week over the course of a 12 month service year. For the purposes of determining permanent employment status, there must be no fixed date or event that has been established for the end of the employment.
 - b) who work, on average, 30 hours or more per week over the course of a 10 month school year.
 - 1.2 Those eligible employees working less hours than the FTE defined by their position, will have their pensionable service pro-rated on the basis of their hours worked in relation to their FTE.
 - 1.3 After completing a probationary period, all full-time permanent employees must join LAPP.
- 2. The policy for East Central Alberta Catholic Schools defines optional membership as follows:
 - 2.1 Permanent part-time employees who work on average more than 15 hours per week and fewer than 30 hours per week may voluntarily choose to participate in LAPP (i.e. optional membership). If they choose not to participate in LAPP, they will be ineligible to participate at a later date unless their position or FTE changes to meet mandatory eligibility.
 - 2.2 Employees who are enrolled in LAPP but whose hours of work are reduced (either by the employer or their own choice) to a level where membership in LAPP is optional, the employee has the option to decide whether or not to continue participating. If they choose to no longer participate in LAPP, they will be ineligible to participate at a later date unless their position or FTE changes to meet mandatory eligibility.
- 3. The policy for East Central Alberta Catholic Schools defines exclusions from membership as follows
 - 3.1 Permanent part-time employees who work 15 hours or less per week or 728 hours or less per service year are not eligible to participate in LAPP.

- 3.2 Employees who work in temporary positions are not eligible to participate in LAPP.
- 3.3 Bus Drivers are not eligible to participate in LAPP.
- 4. The policy for East Central Alberta Catholic Schools defines probationary participation as follows:
 - 4.1 Employees who are serving a probationary period are ineligible to participate in LAPP. The probationary period, for LAPP purposes, for all non-teaching staff (excluding management positions) is 6 months.
 - 4.2 Full time permanent employees with independent management contracts must participate in LAPP without completing a probationary period.
 - 4.3 Newly hired permanent employees who were participating in LAPP with their former employer must continue to participate at the start of employment regardless of their probation period. This only applies if there is no break in service between employers and they qualify for mandatory or optional membership.

Summary

- 1. Permanent, full-time (≥ 30 hours per week)
- 2. Permanent, part-time (>15 and < 30 hours per week)
- 3. Permanent, part-time (≤ 15 and < 20 hours per week)
- 4. Temporary, full-time (≥ 30 hours per week)
- 5. Temporary, part-time (< 30 hours per week)

LAPP Eligibility

Mandatory Optional Ineligible Ineligible Ineligible

Effective: June 2008

Revised/Reviewed: September 2009, August 2012, March 2014, January 2018, February 2018

EMPLOYEE ACKNOWLEDGEMENT OF INELIGIBILITY TO PARTICIPATE IN LOCAL AUTHORITIES PENSION PLAN

| I,am not eligible to participate in the Loca | hereby acknowledge and agree that I Authorities Pension Plan at this time. |
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| Employee Signature | Received by Payroll |
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| Date | Date |
| | |
| Witness | - |

EMPLOYEE WAIVER OF RIGHT TO TO PARTICIPATE IN LOCAL AUTHORITIES PENSION PLAN

| I,do not wish to participate in the Local Au | hereby acknowledge and agree that I athorities Pension Plan at this time. |
|--|---|
| Employee Signature | Received by Payroll |
| Date | Date |
| Witness | |

EMPLOYEE ACKNOWLEDGEMENT OF ELIGIBILITY TO PARTICIPATE IN LOCAL AUTHORITIES PENSION PLAN

| I,participate in the Local Authorities Pensic | hereby acknowledge and agree to on Plan at this time. |
|---|---|
| Employee Signature | Received by Payroll |
| Date | Date |
| Witness | |