

EMPLOYEE INFORMATION

SECTION 1 - REQUIRED FIELDS	PERSONAL INFORMATION	Employee ID #:		Hire Date (MMM, DD, YYYY):		Effective Date (MMM, DD, YYYY):		
		Last Name:		First Name:		Middle Initial:		SIN #:
		Address:		City:		Province:		Postal Code:
		Telephone:		Cell Phone:		Date of Birth (MMM, DD, YYYY):		
		Email:						
		Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Casual						
		Emergency Contact Name: _____ Emergency Contact Phone Number: _____						
	REASON	Select all that apply: <input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire <input type="checkbox"/> Adjustment <input type="checkbox"/> Layoff <input type="checkbox"/> Termination <input type="checkbox"/> Record Change <input type="checkbox"/> Other						
		NOTES						
	Employment Equity Questions		Employment Equity Questions (Information collected is voluntary and confidential. It is used for employment equity purposes only)					
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____		Are you an Aboriginal Person? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Change: <input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Pay Rate <input type="checkbox"/> Job Status		From Department/Shift: _____ 1 st / 2 nd Position: _____ Status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Salary: _____ / _____ / _____ / _____ (Annual) (Hourly) (2nd Rate) (Shift Diff.)		To Department/Shift: _____ 1 st / 2 nd Position: _____ To: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Salary: _____ / _____ / _____ / _____ (Annual) (Hourly) (2nd Rate) (Shift Diff.)				
Signatures		Department Supervisor/Manager _____ Date _____						
		Nelson Martin _____ Date _____						
Reminder		Submit void cheque for direct deposit.						
Routing		Package to Payroll _____ <div style="text-align: right;">Payroll Initials _____ Date _____</div>						

MCSWEEN CUSTOM FABRICATING

159-55202 SH825 Sturgeon Industrial Park, Sturgeon County, Alberta T8L 5C1 Canada
Phone: 780-998-0600 Fax: 780-992-0600 www.mcsweenfab.com

WORKER INDOCTRINATION

NAME:	
POSITION/TRADE:	PLANT LOCATION:

POINTS COVERED	INITIAL	POINTS COVERED	INITIAL
Welcome to McSween		Permit Procedure	
Safety Program		Drug & Alcohol Policy	
Safety Responsibilities		Housekeeping Requirements	
Emergency Response & Evacuation		Disposal of Waste	
Reporting of Accidents		Location of Lunch/Meeting Room	
Reporting of Near Miss		Hours of Work / Breaks	
Location of Medical Center		Operation of Vehicles and Equipment	
Tool Box Safety Meetings		Defective Tools and Equipment	
Personal Protective Equipment		Site Security	
Right to Refuse, Know, Participate		Review Area Hazards	
WHIMIS Controls		Familiarization Tour	
Modified Work Program		New Hire Forms/Void Cheque	
Fit for Duty		Coverall, Lock and Training Policies	

SAFETY TRAINING

COURSE	EXP DATE	COURSE	EXP DATE
First Aid / CPR <input type="checkbox"/>		WHIMIS 2015 <input type="checkbox"/>	
CSTS/PST <input type="checkbox"/>		Confined Space <input type="checkbox"/>	
SCBA <input type="checkbox"/>		Fit Test (Half Mask) <input type="checkbox"/>	
H2S Alive <input type="checkbox"/>		Full Face Mask <input type="checkbox"/>	
Fall Arrest <input type="checkbox"/>		Fire Extinguisher <input type="checkbox"/>	
Forklift Training <input type="checkbox"/>		Aerial/Man lift <input type="checkbox"/>	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Do you have any medical conditions we should be aware of? If yes, give details:	Y	N
Are you currently taking any medication? If yes, give details:	Y	N
Have you been on W.C.B. in the last 12 months? If yes, give details:	Y	N
Do you have physical limitations we should be aware of? If yes, give details:	Y	N
Are you afraid of heights or confined spaces? If yes, give details:	Y	N
Do you have a valid driver's license? Driver License #: _____ Class: _____	Y	N

The above-named worker has received and understands the requirements on the identified points.

Orientated by: _____ Worker: _____ Date: _____

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DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Please circle A or B:

(Direct deposit is a mandatory employment condition)

- A) My direct deposit information has **NOT** changed
- B) My direct deposit information is below

E-Mail Address: _____

PLEASE ATTACH A VOID CHEQUE OR DEPOSIT SLIP
FROM YOUR BANK HERE
****PLEASE NOTE: WE DO NOT ACCEPT HANDWRITTEN BANKING INFO****

Signature _____

Date _____



2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)		Employee number	
Address		Postal code		For non-residents only Country of permanent residence		Social insurance number	
1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.						15,705	
2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.							
3. Age amount – If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.							
4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less : \$2,000 or your estimated annual pension income.							
5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.							
6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.							
7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is infirm) and your spouse's or common-law partner's estimated net income for the year if two of the following conditions apply: <ul style="list-style-type: none">You are supporting your spouse or common-law partner who lives with youYour spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is infirm) In all cases, go to line 9 if your spouse or common-law partner is infirm and has a net income for the year of \$28,041 or less.							
8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is infirm) and your eligible dependant's estimated net income for the year if all of the following conditions apply: <ul style="list-style-type: none">You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported byYou are supporting the dependant who is related to you and lives with youThe dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is infirm and you cannot claim the Canada caregiver amount for infirm children under 18 years of age for this dependant) In all cases, go to line 9 if your dependant is 18 years or older, infirm , and has a net income for the year of \$28,041 or less.							
9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.							
10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$15,705) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.							
11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.							
12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.							
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.							

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2023?

☐ Yes (Fill out the previous page.)

☐ No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2023:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to **canada.ca/taxes-northern-residents**.

\$

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to **canada.ca/cra-forms-publications** or call **1-800-959-5525**.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at **canada.ca/cra-info-source**.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2

2. Age amount – If you will be 65 or older on December 31, 2024, and your net income from all sources will be \$45,400 or less, enter \$6,099. You may enter a partial amount if your net income for the year will be between \$45,400 and \$86,060. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2024 Personal Tax Credits Return.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), **enter whichever is less:** \$1,685 or your estimated annual pension.

4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$16,882.

5. Spouse or common-law partner amount – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if **all** of the following conditions apply:

- You are supporting your spouse or common-law partner
- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be less than the amount on line 1

6. Amount for an eligible dependant – Enter the difference between the amount on line 1 and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1

7. Caregiver amount – Enter \$12,669 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$20,142 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$20,142 and \$32,811. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.

8. Amount for infirm dependants age 18 or older – Enter \$12,669 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$8,369 or less for the year

You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,369 and \$21,038. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You **cannot** claim an amount for a dependant you claimed on line 7.

9. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.

10. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

11. TOTAL CLAIM AMOUNT – Add lines 1 to 10.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

21,885

Filling out Form TD1AB

Fill out this form if you have income in Alberta and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- ☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1AB for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

Total income is less than the total claim amount

- ☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

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SAFETY/GENERAL RULES

- The following rules outline some basic requirements for all McSween Custom Fabricating worksites. These rules and enforcement will be reviewed on all orientations
- The use of alcohol or illegal drugs while on company business will NOT be tolerated and will lead to dismissal.
- The following personal protective equipment requirements shall be adhered to:
 - CSA approved hard hats, CSA approved safety glasses with side shields and CSA approved safety footwear are the minimum personal protective equipment, which must be worn in the proper manner on client worksites.
 - CSA approved safety footwear, CSA approved safety glasses with side shields are required in all company shops and yards.
 - CSA approved hearing protection will be worn in all areas with noise levels more than 85dBa or as specified by client regulations.
 - Clean protective clothing suitable to the job being done and weather conditions must be worn. (No tank tops or summer shorts). Long sleeve shirts and pants must be worn at all times.
 - Other special safety equipment or clothing requirements, as determined by the job hazards or client regulations will be worn.
- Accidents, injuries or “near misses”, regardless of their nature, shall be promptly reported to supervisors.
- Personnel may not operate or use any equipment/ tools without the proper training
- Smoking is permitted only in designated areas.
- Riding on equipment is prohibited. No person shall ride any hook, hoist or other material handling equipment, which is used strictly for handling material and not specifically designed to carry riders.
- Appropriate government regulations will be adhered to when performing any work.
- Company vehicles / equipment will be operated as per posted speed limits, regulations, and operating manuals. Seat belts must be worn at all times. Always walk around the vehicle / equipment before operations. Each individual will be responsible to drive according to the rules of the traffic act.
- If vehicle is being misused or damages occur under the care of the employee, driving privileges will be revoked.
- Horseplay, fighting, gambling or possession of firearms are strictly forbidden on the job and constitute grounds for dismissal.
- Running is not permitted anywhere, except in the case of extreme emergency.
- Personal Cell phones, portable stereos, I-Pods, etc. are prohibited in the McSween offices, workshops /on client processing areas or as specified by client regulations. Exceptions are for company designated personnel such as Supervisors, Foreman, Project Managers, etc., when phones are used for client communications

I have read and understand the rules outlined above and acknowledge I will follow & adhere to these rules.

Print Name: _____

Date: _____

Signature: _____

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INTRODUCING MCSWEEN LIFE SAVING RULES

The 10 life-saving rules help us manage the risks associated with the work we do every day. The rules are designed to prevent injuries and significant incidents at our operations and across our industry. We provide support materials to our staff and outline accountabilities for leaders to verify the rules are being followed as we conduct our work. The 10 life-saving rules are:



CONFINED
SPACE



WORKING AT
HEIGHT



WORK
AUTHORIZATION



ENERGY
ISOLATION



LINE OF FIRE



BYPASSING
SAFETY
CONTROLS



DRIVING



HOT WORK



SAFE
MECHANICAL
LIFTING



FIT FOR DUTY

Compliance with the Life Saving Rules are a condition of employment within McSween Custom Fabricating and must be followed at all times.

The new rules align with our shared goal of **zero injuries and zero incidents**

The new rules are clear and concise and have the potential to save lives and reduce inefficiencies

I have read and understand the rules outlined above and acknowledge I will follow & adhere to these rules.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

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EMPLOYEES / CONTRACT EMPLOYEES

Coverall Policy (Reference 3.5)

All field personnel are required to wear FR (Fire Resistant) coveralls at all plant sites unless otherwise specified. McSween Custom Fabricating will provide coveralls for the cost of \$110.00. The \$110.00 fee will be deducted from your first paycheck with the signed payroll authorization deduction form. McSween Custom Fabricating will not be responsible for lost or stolen coveralls.

NOTE: Coveralls must be returned to Coverall room (162-55202 SH825) with a completed form for reimbursement.

Winter Parka Policy (Reference 3.5.1)

All field personnel are required to wear FR (Fire Resistant) winter parkas at all plant sites unless otherwise specified. McSween Custom Fabricating will provide winter parkas for the cost of \$200.00 per pair. The \$200.00 fee will be deducted from your first paycheck with the signed payroll authorization deduction form. McSween Custom Fabricating will not be responsible for lost or stolen parkas.

NOTE: Parkas must be returned to Coverall room (162-55202 SH825) with a completed form for reimbursement.

Training Policy (Reference 3.6.1)

The minimum safety ticket requirements for all McSween Custom Fabricating personnel are WHIMIS 2015, CSTS, Fall Protection and Confined Space. McSween Custom Fabricating will reimburse employees for additional training under the following conditions:

- Course must be approved in writing by Management
- Employee must pass the course

Payroll deduction can be arranged for course payment with Management approval with signed payroll deduction authorization form. Employee's wages and cost of course will be paid if the employee has worked over 300 man-hours. Foreman will be paid at Journeyman rate.

If employee has not worked the 300hrs employees must pay for the course by payroll deduction and meet the above conditions and will not be paid for the day in the course. A permanent ticket will be issued by the certifying body.

Contract employees will be deducted for training off the next payroll invoice period and wages are not paid for the day in the course.

Locks (Reference 3.6.1)

Employees needing locks sign one out from McSween Custom Fabricating. If the lock is not returned you will be charged a fee of \$25.00. The \$25.00 fee will be deducted from your last paycheck.

I _____, have read and understand the policies outlined above, by signing I give authorization for McSween to take the above deductions off my pay.

Signature: _____

Date: _____

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EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

First & Last Name: _____

Circle one:

Subcontractor / Employee

Deduction Effective Date: _____

Payroll Deductions:

☐ Coveralls - \$110.00 pair Size _____

☐ Winter Parka- \$200.00 pair Size _____

☐ Lock- \$25.00 each Lock # _____

☐ Training - \$ _____ Course _____

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay. If employed under 300 hours, you will be reimbursed after a total of 300 hours worked. All Subcontractors will be charged and not reimbursed.

Subcontractor / Employee Signature

Date

Payroll Signature

Date

Pay Period: _____

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January 1, 2023

McSween Custom Fabricating, Erecting & Welding Ltd. is a member of OpenCircle, a not-for-profit organization that provides its members with the most comprehensive and cost-effective benefits plan in the Canadian construction industry. The plan details can be viewed on the OpenCircle Benefits website (www.opencirclebenefits.ca/plan-details)

Providing and administering a benefits plan is just one of the many services OpenCircle offers its members. The Association's main role is assisting open shop companies with their field personnel needs. OpenCircle provides job placement services, supervisor, labour and management education training programs, apprenticeship training reimbursement, as well as information bulletins to keep managers and employees regularly informed on the industry's most important issues.

The monthly Hour Bank Plan fees and membership dues are normally shared approximately 40/60 between the company and the employee, via payroll deduction (the current employee share portion effective January 2023 is \$1.16 per hour).

The net cost to you as an Hour Bank Plan employee: 150 hours x \$1.16 per hour = \$174.00 per month for single or family coverage. The actual payroll deduction will vary monthly, dependent on the number of hours appearing on your pay cheque.

Eligibility for benefit coverage begins the first day of the second month following the accumulation of 300 hours in your hour bank account. For each month of benefits, only 150 hours are deducted from your account to "purchase" coverage. Excess hours are saved in your hour bank account for future use and belong to you. It is mandatory that all employees participate in the plan and that all hours are reported. Sub-contractors are not employees and are therefore not included (but can apply to Merit directly to become Plan Participants and are responsible for all associated costs, however, are not eligible for Short Term Disability coverage).

Hours are reported and paid-for by your employer once a month, with hour bank accounts credited and updated on approximately the 15th of every month following. To check your hour bank account balance, visit www.opencircle.ca or call OpenCircle at 780-455-5999 or toll-free 1-888-816-9991. OpenCircle is also your source for plan information booklets and claim forms. Always be sure that OpenCircle has your current mailing address as booklets, forms, and other documentation, including a direct-pay drug card, is sent directly to your home, not the office.

OpenCircle Hour Bank Benefit Plan Enrolment Card

Card will be returned if not fully completed – **please complete both pages printing clearly, in black ink.**

Company Name:		Location #:	Class #:
Employee Last Name	Employee First Name		Date of Birth (mm/dd/yyyy)
Address		Phone #:	
City		Province	Postal Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	Social Insurance Number	Email Address	Occupation

Beneficiary Designation I designate the following person as beneficiary of the amount of insurance payable in the event of my death in accordance with the terms of this group benefit plan. Please indicate "Estate" if you do not wish to designate a named beneficiary. If the beneficiary is not living or one is not designated, the death benefit will be paid to my estate. If the beneficiary is under 18, print "In Trust" next to the last name and indicate the trustee.		
Last Name of Beneficiary	First Name of Beneficiary	Relationship to You:
Trustee (if beneficiary is under 18):		Beneficiary/Trustee Phone #:

Dependents Please list all eligible dependents to be included under the Benefit Plan (including your spouse) to ensure the timely processing of applicable benefits.									
Last Name	First Name	Date of Birth			Relationship (please select)	Effective Date*			
		MM	DD	YYYY		MM	DD	YYYY	
					A B C D E				
					A B C D E				
					A B C D E				
					A B C D E				
					A B C D E				

*The Effective Date is the date your dependent should be added to the Benefit Plan. The date cannot be earlier than the date you are originally eligible for benefits.

Benefit Relationship for Eligible Dependents:

- Spouse to whom you or legally married, or person continually living with you for one year and who is represented publicly as your spouse (you may only indicate one spouse);
- Dependent child (natural child, stepchild or legally adopted child) under the age of 21 who is unmarried and legally dependent on you for support;
- Dependent child over the age of 21, but under the age of 25, who is unmarried, legally dependent on you for support and a full-time student;
- Dependent under the age of 18 for which you are the legally appointed guardian and in possession of legal guardianship papers; and
- Mentally or physically handicapped child over the age of 21 (satisfactory evidence of incapacitation must be provided).

You and your eligible dependents must live in Canada.

Personal Information Release

Please list any individuals (including your spouse) that you would like to have access to your personal information under the OpenCircle Benefit Plan. Personal information includes, but is not limited to certificate number, dependent information, beneficiary information and claim information.

This enrolment card will replace any previous designations – please re-list any individuals you had previously indicated as an authorized contact on your file.

Name of Individual(s)

Authorization and Consent

The personal information provided on this form, as well as any other personal information currently held or collected in the future by OpenCircle Benefits is required for and will be used to administer your participation in the OpenCircle Benefit Plan (the Plan). In administering your participation in the Plan, personal information, including health information may be collected from, or disclosed to, insurance companies or other companies that insure the benefits or provide administration and claims handling services; licensed physicians or other healthcare professionals or institutions; and government or regulatory authorities. Personal and health information may be used for data analysis to determine trends, provide targeted programming, including health-related services, and to enhance future programs and services. Personal non-health-related information may also be provided to OpenCircle or other related entities or contracted third parties to administer or enhance your participation in other OpenCircle programs or related programs or to firms conducting surveys for OpenCircle or OpenCircle Benefits. All personal information will otherwise be kept confidential and secure. You may revoke your consent to the collection, use and disclosure of your personal information; however, if consent is withdrawn or refused, that could in some circumstances jeopardize your Plan coverage. Additional information regarding OpenCircle Benefits' privacy policy can be obtained by contacting OpenCircle Benefits at 780.455.5845, 1877.263.7266 or accessing its website at www.opencirclebenefits.ca.

I certify that the information I have provided on this form is true, full and complete. I acknowledge that I have read the above information regarding the collection, use and disclosure of my personal information and authorize OpenCircle Benefits to collect, use and disclose my personal information as described. I authorize my employer to deduct any contributions I may be required to make toward the cost of the Plan from any payments owing to me. I authorize the use of my Social Insurance Number for its confidential use by my employer and OpenCircle Benefits, in order that hours worked can be accurately reported for the administration of the Plan.

Signature

Date

Please Return this enrolment card to OpenCircle Benefits at:

Mail: OpenCircle Benefits
104-13025 St. Albert Trail
Edmonton AB T5L 4H5

Fax: 780.455.6068

Email: inquiries@opencirclebenefits.ca

A faxed or emailed copy of this card is valid.

Pay Period	Cut Off Date	Payment Date
PP1	Friday, December 29, 2023	Friday, January 5, 2024
PP2	Friday, January 12, 2024	Friday, January 19, 2024
PP3	Friday, January 26, 2024	Friday, February 2, 2024
PP4	Friday, February 9, 2024	Friday, February 16, 2024
PP5	Friday, February 23, 2024	Friday, March 1, 2024
PP6	Friday, March 8, 2024	Friday, March 15, 2024
PP7	Friday, March 22, 2024	Thursday, March 28, 2024
PP8	Friday, April 5, 2024	Friday, April 12, 2024
PP9	Friday, April 19, 2024	Friday, April 26, 2024
PP10	Friday, May 3, 2024	Friday, May 10, 2024
PP11	Friday, May 17, 2024	Friday, May 24, 2024
PP12	Friday, May 31, 2024	Friday, June 7, 2024
PP13	Friday, June 14, 2024	Friday, June 21, 2024
PP14	Friday, June 28, 2024	Friday, July 5, 2024
PP15	Friday, July 12, 2024	Friday, July 19, 2024
PP16	Friday, July 26, 2024	Friday, August 2, 2024
PP17	Friday, August 9, 2024	Friday, August 16, 2024
PP18	Friday, August 23, 2024	Friday, August 30, 2024
PP19	Friday, September 6, 2024	Friday, September 13, 2024
PP20	Friday, September 20, 2024	Friday, September 27, 2024
PP21	Friday, October 4, 2024	Friday, October 11, 2024
PP22	Friday, October 18, 2024	Friday, October 25, 2024
PP23	Friday, November 1, 2024	Friday, November 8, 2024
PP24	Friday, November 15, 2024	Friday, November 22, 2024
PP25	Friday, November 29, 2024	Friday, December 6, 2024
PP26	Friday, December 13, 2024	Friday, December 20, 2024