

This form is required for application to join the Local Authorities Pension Plan (LAPP). All fields are mandatory unless otherwise indicated.

PART 1: INFORMATION ABOUT YOUR ORGANIZATION

Organization name	Street Address	
City, Province	Postal Code	Telephone Number
Pension/Benefits Clerk or equivalent (Name)	Pension/Benefits Clerk or equivalent Email & Telephone Number	
Chief Financial Officer or equivalent (Name)	Chief Financial Officer or equivalent Email & Telephone Number	
Chief Executive Officer or equivalent (Name)	Chief Executive Officer or equivalent Email & Telephone Number	

PART 2: How Was Your Organization Formed?

Please review the categories and definitions on ATTACHMENT A of this application.

Do any of those categories apply to your organization?

Yes: Proceed to/complete PART 3 of this form

No: Proceed to/complete PART 4 of this form

PART 3: Establishment of Organization (by Attachment A Definitions)

If one of the definitions provided on ATTACHMENT A applies to your organization, please indicate the category under which your organization was created:

A. Check (one) relevant category and provide the appropriate corresponding letter to that category below:		
	(i)	a local government body, under subsection (choose from (i) A to G):
	(ii)	an educational body, under subsection (choose from (ii) A to E):
	(iii)	a health care body, under subsection (choose from (iii) A to C):
B. Name of incorporator(s):		
C. Is this organization: Non-Profit For-Profit		

PART 4: Establishment of Organization (by Other Criteria)

If none of the definitions provided on ATTACHMENT A apply to your organization, please complete this section in full:

A. Full legal name of your organization:	
B. The name of the authority, affiliates, and/or incorporators, if any, that affects your organization:	

(continued on next page)

PART 4: Establishment of Organization (by Other Criteria) (continued)

C. Copies of legislation that deals with the creation of your organization (if applicable) attached?		
Yes	No	
D. The legislative authority under which your organization was established:		
E. Copies of bylaws/articles of incorporation attached? Yes No		
F. Is this organization: Non-Profit For-Profit		
G. Description of service (and any restrictions) that your organization provides (please attach, if applicable):		
H. Please attach a general outline of: <ul style="list-style-type: none"> • Corporate duties and responsibilities. • Details on how the organization is funded. • Details on the manner in which the operating budget is dealt with and approved. 		
I. How are Directors appointed or elected?	J. What is the length of Directors' appointments?	

PART 5: Employee Participation in LAPP

Please indicate the number of employees within your organization that fall into each group below.

Please refer to ATTACHMENT B: LAPP Participation Rules for more details on each category as you complete this section.

Mandatory Participation

A. Number of employees to be enrolled in LAPP on a <i>Mandatory</i> basis			
Probationary Period Applicable? (check one)		Yes	No
		Length	
Participation Based on Employer Policy			
B. Number of employees permitted to be enrolled in LAPP according to employer policy			
Probationary Period Applicable? (check one)		Yes	No
		Length	

List each class of employees to be enrolled according to employer policy (i.e. "Permanent employees working 14-29 hours per week") and indicate the corresponding number of employees in each class. Attach a separate sheet, if necessary.

	Class of Employees	Plan Participation (check one)		# of Employees per class
		Optional	Mandatory	
a.				
b.				
c.				
d.				
e.				

(continued on next page)

PART 5: Employee Participation in LAPP (continued)

Cannot Participate

C. Number of employees not enrolled in LAPP (Ineligible)

List each class of Ineligible employees who will not be enrolled (i.e. "Employees working less than 14 hours per week" or "Employees with fixed end date contracts" and indicate the corresponding number of employees in each class. Attach a separate sheet, if necessary.

	Class of Employees	# of Employees per class
a.		
b.		
c.		
d.		

Total Number of Employees Within Organization

D. Total Number of Employees

The numbers recorded for employees in Mandatory, Elective, and Ineligible participation (A, B & C) groups should add up to this total.

PART 6: Pensionable Salary in LAPP

Please indicate the types of earnings your employees receive and whether or not they will be considered pensionable. If you do not see a type of earnings your employees receive below, please enter your own in the additional empty fields.

Type of Pay	Included in pensionable earnings?
A. Regular Pay All gross basic remuneration that is paid to an employee for the performance of their regular duties of employment, where such remuneration is paid in a uniform and consistent basis.	<input checked="" type="checkbox"/> Yes (Mandatory- must be considered pensionable)
B. Retroactive Pay Such as pay that is payable to employees where a collective agreement is finalized after its effective date and the pay would have been included in pensionable earnings if it had been paid at the time the services were rendered.	<input checked="" type="checkbox"/> Yes (Mandatory- must be considered pensionable)
C. Vacation Pay (Paid time off while employed) Vacation pay that is paid in respect of paid time off while the individual was employed.	<input checked="" type="checkbox"/> Yes (Mandatory- must be considered pensionable)
D. Vacation Pay (Lump sum in lieu or paid as percentage of earnings) Vacation pay that is paid out as a lump sum in lieu of time off, as well as holiday and vacation pay paid as a percentage of earnings.	<input type="checkbox"/> No (Cannot be considered pensionable)
E. Overtime Pay	<input type="checkbox"/> No (Cannot be considered pensionable)
F. Severance Pay	<input type="checkbox"/> No (Cannot be considered pensionable)

PART 6: Pensionable Salary in LAPP

Type/Description of Pay	Included in pensionable earnings?
G. Acting Pay Extra pay the employee receives on a temporary basis in recognition of performing duties at a higher level than the employee's regular duties of employment.	Yes No / N/A
H. Shift Work Premium Extra pay employees who work shift work receive.	Yes No / N/A
I. Weekend Work Premium Extra pay employees who work weekends receive.	Yes No / N/A
J. Variable Pay or Bonuses Can be included as pensionable earnings, but only where such pay: <ul style="list-style-type: none"> ▪ is paid as part of the employer's variable pay program whose terms are contained in the employer's pension policy, and ▪ forms an ongoing part of the employee's compensation package and is payable to all employees in the program on an ongoing basis, but only to the extent that it does not exceed 20% of the employee's gross basic remuneration and provided that the employee did not begin participating in the program in the last 12 months of employment before a termination of their employment. 	Yes No / N/A If yes, attach variable pay program terms.
Types of variable pay that may qualify include: <ul style="list-style-type: none"> ▪ performance-based bonuses, ▪ commission earnings, and ▪ incentive pay. 	Types of variable pay that do not qualify include: <ul style="list-style-type: none"> ▪ one-time bonuses or awards, ▪ overtime payments, ▪ retirement bonuses, ▪ severance pay, ▪ lump sum sick-time payouts, and ▪ lump sum vacation payouts.
K. Value of the Provision of an Automobile for Personal Use This amount is up to the lesser of \$3,000 per year or the amount reported as the taxable benefit for that usage for income tax purposes.	Yes No / N/A

PART 6: Pensionable Salary in LAPP

Type/Description of Pay	Included in pensionable earnings?
L.	Yes No / N/A
M.	Yes No / N/A
N.	Yes No / N/A
O.	Yes No / N/A
P.	Yes No / N/A
Q.	Yes No / N/A
R.	Yes No / N/A
S.	Yes No / N/A

PART 7: Additional Information

A. Commencement Date in LAPP

What is your proposed start date (commencement date) for membership in the Plan?

B. Confirmation/Proof from Employees

Please attach confirmation/proof that your employees would like to join LAPP.

C. CRA Business Registration Number

PART 8: Authorization

An authorized signing authority is usually a CEO, CFO, Mayor or similar position

Signature	Date
Name	Position/Role

Personal information on this form is collected under the authority of section 9.2 of the Alberta Public Sector Pension Plans Act and section 33 of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of applying to be part of the Local Authorities Pension Plan (LAPP).

Please direct questions/return the completed application and supporting documentation to:

employers@lapp.ca

Please use the definitions below to answer PART 2 and PART 3 (if applicable) of the Application to Join the Local Authorities Pension Plan (Form LA155).

(i) a local government body, that is:

- A. a municipality within the meaning of the Municipal Government Act,
- B. a regional services commission, intermunicipal service agency, municipal planning commission or intermunicipal planning commission under the Municipal Government Act,
- C. a board of trustees under the Drainage Districts Act,
- D. the board of directors of a district within the meaning of the Irrigation Districts Act,
- E. a body continued or established as a municipal library board, library system board or federation board by or under the Libraries Act,
- F. the Alberta Association of Municipal Districts and Counties, or
- G. the Alberta Urban Municipalities Association.

(ii) an educational body, that is:

- A. a technical institute within the meaning of the Post-secondary Learning Act,
- B. a public college within the meaning of the Post-secondary Learning Act,
- C. a board within the meaning of the School Act,
- D. a charter school within the meaning of the *School Act*, or
- E. the Alberta School Boards Association.

(iii) a health care body, that is:

- A. the board of an approved hospital within the meaning of the Hospitals Act,
- B. a provincial health board established under the Regional Health Authorities Act, or
- C. a regional health authority under the Regional Health Authorities Act.

Employee Participation in the Plan

Plan legislation states that an employee's participation (or option to participate) in LAPP is based on the number of hours worked per week. If an employee works multiple positions with the same employer, **all** hours with that employer are counted together to determine participation.

Based on the hours worked, each of your employees will fall into one of the following categories:

- must participate,
- can participate if your employer policy permits that class of employees to, and
- cannot participate.

Probationary "waiting" Periods

LAPP allows employers to keep employees from joining the plan until they have been with your organization for up to one year. Probationary period rules must apply equally to all individuals within the same class of employees.

Hours Worked	Participation
30 hours per week (1,560 hours per year) or more and employed on a continuous basis*	Mandatory Participation <u>Must</u> be enrolled and participate in LAPP. Your employer policy must state if a probationary period will apply and if yes, how long (up to one year) the period is.
14 hours per week (728 hours per year) or more , but less than 30 hours and employed on a continuous basis*	If your employer policy permits. In your employer policy, you must list each class of employees within your organization and indicate whether or not they are permitted to participate. If yes, for that class of employee you must indicate: <ul style="list-style-type: none">• whether participation is mandatory or the employee's choice, and• if a probationary period will apply and if yes, how long (up to one year) the period is. Participation rules must apply equally to all individuals within the same class of employees.
Less than 14 hours per week under one employer	Cannot Participate

*Continuous Basis: An employment basis where no date or event, if any, fixed by reference to employment, has been established for the cessation of employment. For greater certainty, Continuous Basis excludes contract and casual workers.