



KRAWFORD CONSTRUCTION COMPANY INC.

NEW EMPLOYEE INFORMATION SHEET

Employee Name:

Address:

Street

City

Province

Postal Code

Home Phone Number:

Cell Phone Number:

Email Address:

Date of Birth:

Month/Day/Year

Social Insurance Number:

Driver's License Number:

Alberta Health Care Number:

In Case of Emergency, Contact:

1) _____
Name Phone

2) _____
Name Phone

3) _____
Name Phone

Previous Employer(s)

1) _____
Company Dates

2) _____
Company Date

I certify the information listed above is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Hire Rate: _____

Trade: _____



**KRAWFORD CONSTRUCTION COMPANY INC.
NEW EMPLOYEE ORIENTATION FORM**

Employee Name: _____ Hire Date: _____
Position/Trade: _____ Hire Site: _____

Introduction

- ☐ Company Safety Policy
- ☐ Safety Handbook
- ☐ Modified Work Program (attach signed form)

Responsibility for Safety

- ☐ Worker
- ☐ Superintendent
- ☐ Management

Emergency Procedures

- ☐ Fire/Ambulance
- ☐ First Aid/Personnel
- ☐ Security/Police
- ☐ Incident Reporting
- ☐ Role/Responsibility

General Rules

- ☐ Alcohol/Drugs
- ☐ Horseplay/Fighting
- ☐ Workplace Violence
- ☐ Vehicle Operation
- ☐ Theft

Personal Protective Equipment

- ☐ Hard Hats
- ☐ Safety Glasses
- ☐ Footwear
- ☐ Hearing Protection
- ☐ Respirators
- ☐ Fall Protection

Safe Work Practices/Job Procedures

- ☐ General Housekeeping
- ☐ Scaffolds
- ☐ Floor Openings
- ☐ Ladders
- ☐ Excavations
- ☐ Cutting/Welding
- ☐ Manual Lifting
- ☐ Rigging
- ☐ Hoisting
- ☐ Powder Actuated Tools
- ☐ Fire Extinguishers
- ☐ Defective Tools
- ☐ Grinders
- ☐ Compressed Air
- ☐ Tiger Torches
- ☐ Jackhammer
- ☐ Handling Steel
- ☐ Refueling Equipment
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Meetings

- ☐ Toolbox
- ☐ Safety Committee

Employee has been tested and understands the safety program: _____ Tested by: _____
(attach questionnaire) (Superintendent's signature)

☐ Yes ☐ No

**Please attach copies of all relevant existing
Safety training certificates**

Revised 09/01/11

Employee: _____

Completed CSTS: Yes / No

If no, CSTS has been arranged _____

Date



KRAWFORD CONSTRUCTION COMPANY INC.

MODIFIED WORK - INCIDENT/INJURY REPORTING AGREEMENT

Krawford Construction considers no phase of our operation to be more important than the well being of its most valuable asset, our employees.

When an incident occurs that results in illness or injury, not only is the worker's personal life affected, but the entire organization suffers as a result of an individual's inability to contribute.

The ensure compliance with the Legislative requirements under the *Alberta Occupational Health and Safety Act* and the *Workers' Compensation Act*, all injuries are to be reported immediately to your direct supervisor or Safety Coordinator.

Krawford Construction has a Modified Work Program available for all workers who are injured while in the course of their employment. Suitable modified work, in keeping with your abilities and restrictions, will be offered to you if you are deemed medically fit for same.

All injured workers have the following responsibilities:

- Report to supervisor/manager immediately, prior to leaving jobsite
- Obtain an Injured Worker Envelope from your supervisor,
- Seek first aid or medical treatment, as required,
- On the same day, return to the worksite to complete WCB Worker's Report of Accident form and to provide the Medical Treatment Form (Form 1), any other medical reports, and WCB forms to your supervisor or Safety Coordinator,
- Follow the treatment plan provided,
- Cooperate with Krawford Construction's Modified Work Program,
- Ensure that you are working within your restrictions and only performing the duties assigned by your supervisor,
- Notify your direct supervisor of any difficulty you may be having related to your modified duties,
- Attend all health care appointments – schedule outside of work hours whenever possible,
- Remain in regular contact with _____ and WCB case manager, and
- Work with Krawford Construction, the WCB, and health care providers to develop a suitable return to work plan.

I understand and agree to the foregoing conditions and responsibilities. I confirm awareness of Krawford Construction's Modified Work Program.

Employee Name: _____

Signature, Employee

Date

Supervisor

Date

Witness

Date



**KRAWFORD CONSTRUCTION COMPANY
INC.**

DIRECT DEPOSIT FORM

Krawford Construction Company Inc. uses a direct deposit system for compensating employees for all cash deposits owed to them (wages, living allowance, expenses, etc)

In order to have your funds deposited into your bank account, please complete the required information below, attach a VOID cheque (or a Payroll Direct Deposit Form issued by your banking institution), and have your superintendent return it to the office as soon as possible in a sealed envelope to the attention of Krawford Payroll.

Please note the following:

- We require any direct deposit information or changes required in the office by 10:00 am on the Tuesday of the pay week in order for your pay to be deposited.

If you have any questions, please do not hesitate to contact us.

Thank you.

Hourly Employee Direct Deposit

Date: _____

Name: _____

Banking Institution: _____

Void Cheque/Bank Form Attached: ☐ Yes ☐ No

For Office Use Only:

Date Received in Office: _____

Date of First Direct Deposit: _____



AUTHORIZATION AGREEMENT FOR ELECTRONIC SUBMISSION

Krawford Construction Company Inc employees will receive their pay stub, T-4, and other applicable Payroll documents by electronic mail (E-mail). Please note, pay will continue to be on the regularly scheduled pay dates.

Electronic Authorization

I hereby authorize Krawford Construction Company Inc. to submit my pay stub, T-4, and other applicable Payroll documents to my E-mail address provided below. I understand I will receive this email version of my pay stub and T-4 in place of the paper version. I also understand that this E-mail address will continue to be the address until Krawford Construction receives WRITTEN notice from me of a change of electronic mail address.

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____

E-MAIL ADDRESS: _____

DATE: _____

Please return completed form to the office or your supervisor. Should you have any questions or concerns regarding this, kindly reach out.

Sincerely,

Krawford Payroll

Ph. #: (780) 436-4381

E-mail: payroll@krawford.com



STANDARD AVERAGING AGREEMENT

Between:

Krawford Construction Company Inc. ("KCCI")
(The "Employer")

And:

(the "Employee")

KCCI and Employee agree to enter into the following hours of work averaging agreement, pursuant to section 23.1 of the Alberta *Employment Standards Code* (the "Agreement"):

1. This Agreement starts on January 01st, 2022 and ends on December 31st, 2022.
2. The Employee's work schedule under this Agreement is for a period of one week, set out as follows, and will repeat until December 31st, 2022:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Paid Hours	0	9	9	9	9	8	0	44

3. The "Paid Hours" set out in the Table above does not include unpaid rest periods.
4. Should an employee miss a scheduled workday, either wholly or partly, this time can be made-up during a non-scheduled work time, paid out at the employees' regular rate of pay. These hours are omitted from the daily calculated overtime.
5. Overtime hours are calculated on a daily and weekly basis. Overtime is calculated on the greater of hours worked in excess of:
 - a. Daily scheduled hours or
 - b. 44 hours in a week.
6. KCCI shall pay the Employee overtime pay in accordance with Krawford's overtime policy.
7. This averaging agreement is the default agreement and will be utilized unless an alternate agreement is in place.

AGREED this _____ day of _____, 20____

Employer

Employee

Name: Svetlana Zhabeeva

Title: Payroll Administrator



STANDARD OVERTIME AGREEMENT

Between:

Krawford Construction Company Inc. ("KCCI")
(The "Employer")

And:

(the "Employee")

1. It is agreed that either wholly or partly the employer will provide, and the employee will take time off in place of overtime pay for those hours worked in excess of the applicable averaging agreement, in accordance with this overtime agreement,
2. Overtime hours are calculated as per the applicable averaging agreement and reimbursed as follows:
 - For a 1-week averaging agreement (44 hours), the first six (6) hours of overtime are banked at straight time.
 - For a 2-week averaging agreement (88 hours), the first twelve (12) hours of overtime are banked at straight time.
 - Subsequent hours are paid out at a rate of 1.5 times the employees wage on that pay period.
3. Should an employee not work the total scheduled hours of their averaging agreement in a pay period, payroll will automatically pay out accumulated banked hours to 'top-off' the hours applicable to the averaging agreement in that pay period.
4. The time off in place of overtime pay shall be provided and taken at a time that would, but for the time off, have been a time that the employee worked for the employer.
5. The time off in place of overtime pay shall be at least equal to the number of hours worked for which the employee, but for this agreement, would have received overtime pay.
6. The employee shall be paid for the time taken off in place of overtime pay at the same rate that the employee would have been paid wages had the employee worked those hours on a normal working day.
7. The time off in place of overtime pay shall be provided by the employer and taken by the employee within six months of the end of the pay period in which it is earned:
8. If time off is not provided and taken in accordance with this agreement, the employee will be paid overtime for the hours of work for which time off in place of overtime pay was to have been provided and taken, within ten days of the date that was the last date that time off should have been provided and taken under this agreement.
9. This is the default overtime agreement.
10. This overtime agreement may be superseded by project specific agreements.

Initial

11. No amendment or termination of this agreement shall be effective without adequate notice.
12. Employees are not expected or permitted to work overtime hours unless it is requested and expressly authorized by your manager. This includes any hours worked from home.
13. Unauthorized overtime hours are not permitted.

AGREED this _____ day of _____, 20_____

Employer

Employee

Name:

Title:



2022 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 \$14,398. However, if your net income from all sources will be greater than \$155,625 and you enter \$14,398, 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 \$155,625, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2022 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,350 for each infirm child born in 2005 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on Line 8 may also claim the Canada caregiver amount for that same child who is under age 18.

3. Age amount – If you will be 65 or older on December 31, 2022, and your net income for the year from all sources will be \$39,826 or less, enter \$7,898. If your net income for the year will be between \$39,826 and \$92,480 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2022 Personal Tax Credits Return, and fill in the appropriate section.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. Tuition (full time and part time) – If you are a student enrolled 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, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.

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 \$8,870.

7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,350 if they are **infirm**), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be Line 1 or more (Line 1 plus \$2,350 if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$25,195 or less **and** they are **infirm**, go to Line 9.

8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,350 if they are **infirm** and you **cannot claim the Canada caregiver amount for children under age 18 for this dependant**), enter the difference between this amount and their estimated net income. If their net income for the year will be Line 1 or more (Line 1 plus \$2,350 or more if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$25,195 or less **and** they are **infirm and are age 18 or older**, go to Line 9.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – 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 \$25,195 or less, get Form TD1-WS and fill in the appropriate section.

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 \$16,748**) whose net income for the year will be \$17,670 or less, enter \$7,525. If their net income for the year will be between \$17,670 and \$25,195 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.

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 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.

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.

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 2022, 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 less than total claim amount

- ☐ Check 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.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2022?

- ☐ 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.)

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

Provincial or territorial personal tax credits return

If your claim amount on Line 13 is more than \$14,398, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. 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.

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

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2022, you may be able to claim the child amount on Form TD1SK, 2022 Saskatchewan Personal Tax Credits Return. 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

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 2022, you can claim any of the following:

- \$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 can 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, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return 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.

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 2022, 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, 2022, and your net income from all sources will be \$40,179 or less, enter \$5,397. If your net income for the year will be between \$40,179 and \$76,159 and you want to calculate a partial claim, get Form TD1AB-WS, Worksheet for the 2022 Alberta Personal Tax Credits Return, and fill in the appropriate section.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,491, or your estimated annual pension income, whichever is less.

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 \$14,940.

5. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.

6. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.

7. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,826 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older)
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$11,212

If the dependant's net income for the year will be between \$17,826 and \$29,038 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

8. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$7,407 or less, enter \$11,212. You cannot claim an amount for a dependant you claimed on line 7. If the dependant's net income for the year will be between \$7,407 and \$18,619 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

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.

19,369

Filling out Form TD1AB

Fill out this form **only** if you are an employee working in Alberta or a pensioner residing 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 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 2022, 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 less than total claim amount

- ☐ Check 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 wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return 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.



Determination of Exemption of an Indian's Employment Income

The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Use this form if you think your income is tax exempt or partially tax exempt. Your employer will use your answers in Part 1 to help determine the correct tax treatment of your income.

You and your employer should fill out this form, in addition to Form TD1. You must fill out these forms when you start a new job on a reserve or if your employment situation on a reserve changes. For more information about employee and employer responsibilities, go to canada.ca/tax-filing-form-td1.

Part 1 – Employee information (to be filled out by the employee)

1.1 Are you registered under the Indian Act?

☐ Yes. Continue to Section 1.2.

☐ No. **Do not** use this form.

For more information, go to canada.ca/indian-status.

1.2 Are you a treaty beneficiary of a First Nation with a final or self-government agreement that ends the tax exemption under section 87 of the Indian Act?

☐ Yes. **Do not** use this form.

☐ No. Continue to section 1.3.

To confirm the effective date of the agreements and the expiry dates, go to canada.ca/tax-indigenous-end-dates.

1.3 Fill out your name and address. Continue to section 1.4.

Last name (please print)

First name and initials

Social insurance number

| | | | | | | | | |

Address of principal place of residence including postal code

1.4 Do you live on a reserve? This means it is your principal place of residence and is the centre of your daily routine.

☐ Yes ☐ No

Employee Certification

I certify that the following information is correct and complete:

- I am registered under the Indian Act
- I am **not** a treaty beneficiary of a First Nation with a final or self-government agreement that ends the tax exemption under section 87 of the Indian Act
- If I answered yes in section 1.4, I live on a reserve, it is my principal place of residence and is the centre of my daily routine

Signature _____

Date _____

Part 2 – Employer information (to be filled out by the employer)

2.1 Fill out your name and business address. Continue to section 2.2.

Name of employer (please print)

Type of business

Business address including postal code

2.2 Employment situation

This section will help you determine whether your employee's employment income is exempt or not. For more information on the tax exemption under section 87 of the Indian Act, go to canada.ca/taxes-guidelines-indigenous.

Connections to the reserve:

- If you are a resident on a reserve, this means the reserve is the place where the central management and control over the employer organization is actually located.
- See Part 1, section 1.4 to determine if your employee lives on a reserve.

What is the situation?

- ☐ Employee lives on a reserve and you are resident on a reserve. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- ☐ Employee lives on a reserve and you are **not** resident on a reserve. Continue to section 2.3.
- ☐ Employee does **not** live on a reserve and you are resident on a reserve. Continue to section 2.4.
- ☐ Employee does **not** live on a reserve and you are **not** resident on a reserve but your employee is required to perform duties on a reserve. Continue to section 2.5.

If your employee does not meet one of the situations described above and you still think income is exempt, **do not** use this form. The employment situation may be uncommon. This may result in employment income being treated differently. For examples and to verify your situation, go to canada.ca/tax-indigenous-uncommon-situations or call us at **1-800-959-8281**.

2.3 Employee lives on a reserve and employer is **not resident on a reserve.****What is the situation?**

- ☐ Employee performs **more than 50%** of their employment duties on a reserve. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- ☐ Employee performs **50% or less** of their employment duties on a reserve. Continue to section 2.6.

For guidance on applying the Indian Act Exemption for Employment Income Guidelines to issues raised by the COVID-19 crisis (work from home), go to canada.ca/tax-guidelines-indigenous-covid19.

2.4 Employee does **not live on a reserve and employer is resident on a reserve.****What is the situation?**

- ☐ Employee performs **more than 50%** of their employment duties on a reserve. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- ☐ Employee performs **50% or less** of their employment duties on a reserve. Continue to section 2.6.
- ☐ You are an Indian band which has a reserve, or a tribal council representing one or more Indian bands that have reserves. Your employee's duties of employment are in connection with your non-commercial activities carried on exclusively for the benefit of Indians who for the most part live on reserves. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- ☐ You are an Indian organization controlled by an Indian band which has a reserve, or a tribal council representing one or more Indian bands that have reserves, and the organization is dedicated exclusively to the social, cultural, educational, or economic development of Indians who for the most part live on reserves. Your employee's duties of employment are in connection with your non-commercial activities carried on exclusively for the benefit of Indians who for the most part live on reserves. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.

2.5 Employee does **not** live on a reserve and employer is **not** resident on a reserve but the employee is required to perform duties on a reserve.

What is the situation?

- ☐ Employee performs **at least 90%** of their employment duties on a reserve. Continue to "Employer certification" because all of your employee's employment income is exempt from income tax.
- ☐ Employee performs **less than 90%** of their employment duties on a reserve. Continue to section 2.6.

2.6 Prorating exempt income

The exemption may be prorated if your employee performed some of their duties on a reserve and those duties are not merely incidental to duties they performed off a reserve. The exemption will apply **only** to the portion of the income related to the duties your employee performed on the reserve.

What is the percentage of the employment duties the employee is required to perform on a reserve? _____ %

Did the employee also fill out Form TD1?

- ☐ Yes. Continue to "Employer certification".
- ☐ No. Ask the employee to fill out and give you Form TD1, and then continue to "Employer certification".

For more information, see canada.ca/tax-filing-form-td1.

Employer certification

I certify that the information given in Part 2 of this form is correct and complete.

Signature _____ Date _____

If you receive a Form TD1-IN with doubtful information, you should ask for proof from your employee, such as proof of address, or call **1-800-959-5525** for assistance. It is an offence to knowingly accept Form TD1-IN containing false statements.

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.

What to do with this form

- fill out all applicable parts
- employee and employer sign the certification areas
- employer keeps a signed copy for their records in case we ask to see it

What happens if the employment situation changes?

Fill out a new Form TD1-IN in the following situations:

- a change in the location of the employment duties, resulting from a new position with the same employer
- a change in the employer's residence, on or off reserve
- a change in the employee's residence, on or off reserve

Do not fill out a new Form TD1-IN in the following situations:

- the employee performs seasonal work (for example, snow removal or landscaping)
- the employee performs employment services that depends on the location of the clients/customers (for example, home repair services, social worker, or personal service work)

More information for employees

- To learn about the benefits, credits and requirements that apply to employees whose income is tax exempt, go to canada.ca/taxes-benefits-indigenous.
- For more guidance on the application of the Indian Act Exemption for Employment Income Guidelines to issues raised **by the COVID-19 crisis** (work from home), go to canada.ca/tax-guidelines-indigenous-covid19.
- Tax-exempt salary or wages paid to Indian workers are **not** subject to Canada Pension Plan (CPP) contributions. However, an employee can elect to participate in the CPP. For more information, go to canada.ca/cpp-ei-explained-indigenous.
- Tax-exempt salary or wages paid to Indian workers are subject to Employment Insurance (EI) premiums. For more information, go to canada.ca/cpp-ei-explained-indigenous.

More information for employers

- For more information about various events that might change the employment situation, go to canada.ca/tax-life-events-employees.
- For more information about how to report employment income that is exempt under section 87 of the Indian Act, go to canada.ca/tax-t4-indigenous.
- Tax-exempt salary or wages paid to Indian workers are **not** subject to Canada Pension Plan (CPP) contributions. However, an employer can elect to participate in the CPP. For more information, go to canada.ca/cpp-ei-explained-indigenous.
- Tax-exempt salary or wages paid to Indian workers are subject to Employment Insurance (EI) premiums. For more information, go to canada.ca/cpp-ei-explained-indigenous.



HUB International Phoenix Insurance Brokers
www.hubinternational.com

201 5227 55 AVENUE,
EDMONTON, ALBERTA
T6B 3V1
TELEPHONE (780) 482-6936
TOLL FREE 1-800-563-5325

**KRAWFORD CONSTRUCTION COMPANY INC.
DRIVER ABSTRACT CONSENT FORM
#CAE2872372 – CONTINENTAL CASUALTY COMPANY**

☐ **Regular Driver** ☐ **Occasional Driver** ☐ **May Drive on Rare Occasion**

This is to authorize the Alberta Transportation Safety Board to disclose all details of my driving record including accidents, convictions and suspensions (as further noted below under "Driver's Abstract") to my employer and/or Phoenix Insurance Group Edmonton Inc. and my employer's insurance company for the purpose of determining my suitability as a driver of company vehicles and acceptance by Insurers. Please note that, subject to regulations, my driving details may be transferred outside of Canada for the purposes of use, disclosure and/or storage to a service provider and/or agents acting in co-ordination with the aforementioned interested parties.

EMPLOYEE NAME:		DATE OF BIRTH: (DD/MM/YY)	
LICENSE NUMBER:	LICENSE CLASS:	PROVINCE	
DL EXPIRY DATE:			

****ADD A COPY OF YOUR DRIVERS LICENCE****

SIGNATURE: _____

DATED: _____

Complete form and send to:

Raamy Mostafa
Commercial Account Manager
Direct Fax: 780-488-7077
Email: Raamy.Mostafa@hubinternational.com

A "DRIVER ABSTRACT" IS THE PRODUCT NAME UNDER WHICH THE Alberta Government releases specific information from a person's driving record, which contains:

Name	Height	Class	License Number	Expiration Date
Address	Weight	Issue Date	Current Demerit Points	Reinstatement Conditions (if any)
Date of Birth	Sex	MVID Number	Suspended Status	
List of violations (description, demerits/merit points and suspense term)				

**MERIT CONTRACTORS ASSOCIATION
HOUR BANK BENEFIT PLAN
SUMMARY OF BENEFITS**



Eligibility:

Benefits commence on the first day of the second month following the month when 300 hours have accumulated in the employee's Hour Bank account (within a nine-month period).

Benefits terminate after the employee's Hour Bank account falls below 150 hours.

Benefits reinstate if 150 hours are once again accumulated in the employee's Hour Bank account within eight months.

Participation is mandatory for all employees working in the field or shop. All benefits are mandatory.

A maximum of 1,200 hours can be accumulated in an employee's Hour Bank account. Once there are less than 150 hours remaining in an employee's Hour Bank account, an option to self-pay benefits for up to six consecutive months (with the exception of disability benefits) is available.

Employee Life Insurance	
Benefit Amount	\$100,000
Waiver of Premium	After 120 days of total disability
Termination	Retirement
Accidental Death and Dismemberment	
Benefit Amount	\$100,000 for accidental death; schedule of losses for dismemberment benefits
Termination	Retirement
Dependent Life Insurance	
Benefit Amount	Spouse - \$10,000 Each child - \$5,000 (live birth to age 21 or age 25 if a full-time student)
Termination	Retirement
Extended Health Care	
Deductible	Nil
Coinsurance	80%* for prescription drugs (enhanced lowest cost alternative) 100% for all other expenses <i>*increases to 90% once an individual incurs prescription drug claims of \$5,000 or more in a calendar year; coinsurance level reverts back to 80% the following January 1; individual s must qualify for 90% coinsurance every calendar year by incurring another \$5,000 or more in prescription drug claims</i>
Pay-Direct Drug Card	Included
Maximum Dispensing Fee	\$9.00 per prescription; a maximum of five dispensing fees are covered for maintenance drugs every calendar year.
Medical Services and Supplies	Semi-private hospital Ground and air ambulance Home care nursing: \$10,000 per calendar year Hearing aids: \$1,000 every 5 calendar years Custom-made orthotics: \$350 per calendar year Custom-made orthopedic footwear: \$400 per calendar year CPAP machines: to a reasonable and customary maximum every 60 consecutive months
Paramedical Services	\$600 per calendar year for physiotherapists; \$500 per calendar year for acupuncturists, chiropodists/podiatrists, chiropractors, dieticians, massage therapists, naturopaths, osteopaths, psychologists, and speech language pathologists X-rays – maximum one per year per applicable specialty
Out-of-Province/Country Emergency Medical	\$2,000,000 per incident, coverage for first 60 days of each trip Includes Emergency Travel Assistance
Out-of-Country Non-Emergency Care	Lifetime maximum of \$25,000 at 50% coinsurance. Subject to conditions stated in the policy.
Termination	Retirement
Vision Care	
Deductible	Nil
Coinsurance	100%
Eye Exams	\$75 every two calendar years (every calendar year if under age 19)

Vision Care (cont'd)	
Eyewear	\$350 every two calendar years (every calendar year under age 19) for prescription lenses, frames, prescription sunglasses, prescription safety glasses and laser eye surgery; employees and dependents
Prescription Safety Glasses	\$150 every two calendar years for prescription safety glasses; employees only
Termination	Retirement
Long Term Disability	
Benefit Amount	\$2,500 per month for the first 24 monthly payments, \$3,000 per month thereafter
Waiting Period	120 days
Benefit Period	To age 65
Definition of Disability	Own occupation during first two years, any occupation thereafter
Other Income Reduction/Integration	Reduced by WCB payments WCB and CPP included in 85% all source maximum calculation
Pre-Existing Conditions	No benefit payable for any pre-existing condition (for which medical treatment was received in the 90 days immediately preceding the date the employee became eligible for benefits) causing disability in the first 12 months after coverage commences Exclusion does not apply, if after becoming insured, employee has been actively working for 90 days in a six-consecutive-month period from the date he/she was first eligible for benefits with no absence related to the pre-existing condition
Termination	Employee's 65 th birthday, less the elimination period
Employee and Family Assistance Program	
Benefit Description	Services include confidential counselling, work/life support and specialized programs. Trauma response, a wellness library and health coaching is included. Toll-free telephone, online and chat access 24 hours a day.
Termination	Retirement
Best Doctors	
Benefit Description	Access to world-renowned specialists for a second opinion when facing a serious illness or surgery. Assists in navigating the health care system through one-on-one coaching and support. Includes InterConsultation, FindBestDoc, FindBestCare, Best Doctors 360°, Ask the Expert
Termination	Retirement
Dental Care	
Deductible	Nil
Coinsurance	80% - Basic services 50% - Major services 50% - Orthodontic services (under age 19) 100% - Accidental services
Maximum	\$2,500 per calendar year for basic and major services combined \$2,500 lifetime for orthodontic services \$10,000 per accident for accidental services
Examinations	Complete exams - once every 5 calendar years Recall exams – once per calendar year (once per six months if under age 19)
Fee Guide	Current General Practitioners or Specialist Fee Guide
Termination	Retirement
Retiree Benefit Plan	
Eligibility	Retired employees age 55 – 90 no longer in benefit under the Hour Bank Plan
Coverage Types	Single, couple or family
Retiree Plan Features	Gold, silver and bronze extended health care options (includes out-of-province/country emergency medical and Best Doctors services) Optional dental coverage

This summary includes highlights of the Merit Hour Bank Benefit Plan. Please consult your benefit booklet or contact Mercon Benefit Services at 780.455.5845 (Edmonton) or 1.877.263.7266 (toll-free) if you have questions concerning eligibility or coverage.



GROUP RRSP – HOURLY EMPLOYEES

Eligibility Requirements

All employees are eligible for enrollment to the Group RRSP after six months of consecutive employment with Krawford.

Employer Contributions

Krawford Construction contributes to the RRSP fund only if the Employee contributes. Employer contributions as follows:

- 6 months to 5 years of service: maximum 3% of gross earnings (\$3,600/year maximum)
- Over 5 years of service: maximum 5% of gross earnings (\$4,800/year maximum)

If employment is interrupted due to layoff or leave of absence, the above years of status position will be reinstated provided termination period is under six months.

Employee and Employer contributions are vested immediately with the Group RRSP. All funds belong to the Employee.

Withdrawal Restrictions

Employee/Employer funds are restricted from withdrawal during term of employment with Krawford Construction. Exceptions may be made in rare circumstances (homebuyers, education etc.).

If one withdrawal is made, Krawford will terminate RRSP matching for one year. If a second withdrawal is made, the employee will be pulled out of the RRSP matching program.

Payroll Deduction Changes

Increases and decreases to your RRSP contribution may be submitted in writing at the beginning of the month, to take effect on the following month's payroll.

If you are eligible (after 6 months of employment) and have not yet enrolled, please fill out the attached application form and bring it to your nearest RBC. If you have any questions about eligibility, please contact Kim at the office (780-436-4381) or email ksurmacz@krawford.com