

TEAMWORK HR, INC.

**EAP, INC.
EMPLOYEE ASSISTANCE
PROGRAM**

1068 EAST AVENUE, SUITE A-1
CHICO, CA 95926

(530) 891-1513
(800) 207-7233



Peace of mind can be yours when you get help with...

MARITAL/FAMILY CONCERNS

Parenting Issues
Eldercare Uncertainties
Communication Skills
Family Blending
Childcare Issues

INDIVIDUAL ISSUES

Stress
Anxiety
Grief
Anger
Depression

FINANCIAL DIFFICULTIES

Debt Problems
Overextended Credit
Budget Worries

SUBSTANCE ABUSE

Alcoholism
Drug Abuse
Gambling Addiction
Eating Disorders

JOB RELATED ISSUES

Stress
Interpersonal Conflict
Self-esteem Dilemmas

ADDITIONAL SERVICES

Job/Career Challenges
Legal Matters
Smoking Cessation
Community Resources
Many Other Services

WHEN HELP IS NEEDED—EAP

Each day brings unique challenges such as family conflict, miscommunication, problems with co-workers, uncertainties and doubts. Everyday frustrations are part of life but there are times when life can be overwhelming. Often these problems can escalate leading to stress, depression, physical illness and substance abuse.

Your employer has contracted with EAP, Inc., to provide Employee Assistance Services for you and your family. Our counselors assist you by providing support and exploring options for resolving these life issues.

WHAT IS EAP?

An employee assistance program is a confidential counseling, referral and resource service. Wellness through prevention, early intervention, and proactive problem-solving encourages you and your family to lead happy and productive lives.

EAP – CONFIDENTIAL AND CONVENIENT

Protecting client confidentiality is mandated by the laws of states and the federal government. All stages of your contact with EAP will be held in the strictest confidence and at no time will the contact jeopardize your job security. Your employer has chosen to provide you with this additional benefit because they realize that personal problems not only affect your health and peace of mind, but can also affect work performance resulting in a decline of productivity. EAP provides positive intervention and assistance and there is no cost to you for this added benefit.

For your convenience, EAP benefits are initiated with a simple phone call to (530) 891-1513 or toll free (800) 207-7233. When you contact EAP a trained specialist will assess your needs and may refer you to the appropriate person to assist you with your concern. This might be a marriage and family counselor, a licensed social worker, or a community resource. The specialist will help you set up an appointment – the same day if necessary. EAP is available to meet your needs.

WHAT ARE THE BENEFITS OF YOUR EAP?

EAP's professional staff can assist you with most any problem you might encounter. Some of the issues that might arise could be work-related, marriage and family issues, drug/alcohol/gambling addictions, financial and legal matters, eating disorders, smoking cessation, child and elder care needs, job/career challenges, and depression. EAP, Inc. also functions as a major resource center for issues that might concern you or your family.

WHO IS ELIGIBLE FOR EAP?

At work we realize that problems are never isolated, so our employee assistance benefits are provided for the employees and their dependents.

Employee Assistance Program



An Employee Assistance Program is now available to all Teamwork H.R. employees. This convenient and confidential program provides 24-hour counseling and resource services for marital and family concerns, individual issues, substance abuse, job related issues, financial difficulties, legal matters and a variety of other referral services.

Benefit	Occurrence
Face to Face Sessions	3 Sessions - Every 6 Months
Telephone Services/Referrals	Unlimited
Legal Consultation	Once Annually (Face-to-Face or Phone)

Services provided through:

EAP, Inc.
1068 East Avenue, Suite A-1
Chico, CA 95926
(530)891-1513
(800)207-7233

Enrollment Form

Employee Name _____ SSN# _____

Address _____

City _____ State _____ Zip code _____

I wanted to be insured under the EAP and authorize premium deductions for this insurance. I understand I can only make changes to my enrollment if I experience a family or work status change, and I am required to remain enrolled until the next group open enrollment period. I hereby apply for enrollment for the EAP and authorize monthly premium deductions of \$2.25 from my pay for this insurance.

Signature

Date