

## Managed Payroll Service Information Pack



## Welcome to KDC's Managed Payroll Service



We are delighted you have chosen us to help you manage your personal budget/direct payments and process payrolls for the personal assistants you employ.

We now need you to provide us with some essential information to ensure your services are set up correctly. Along with this pack you will find some important forms we need you to complete:

- Letter of Engagement this sets out the service description and terms
- Managed Payroll Service Set Up Form basic data we need for our records
- New Employee Starter Forms to be completed by your PA(s)
- Authorising your agent Forms (HMRC 64-8 and FBi2) to authorise us to act as your agent in dealings with HMRC

Please note that all these forms need to be completed in the name of the person who is in receipt of the Direct Payment/Personal Budget/Health Budget Funding, and when this is a child, in the name of the parent or guardian responsible.

We have tried to make it as simple as possible for you by providing examples and instructions on how to complete the forms and where to sign.

This pack also contains an example **Pay Variations Notification Form** and **Timesheet.** You can download these and use them to notify us of hours worked and any changes, these can be emailed to <a href="maileo-managedaccounts@kdc.org.uk">managedaccounts@kdc.org.uk</a> or posted to the office.

#### What you need to do now

- 1. Read the Letter of Engagement, this sets out a description of the Managed Payroll Service and the terms and conditions. You should read this carefully, fill in your name and address on the front page and sign it where indicated. Please use the space provided to indicate if you are signing on behalf of the person who is receiving the Direct Payment. Return to us and we will send a signed and dated copy back for you to keep.
- 2. Complete the Managed Payroll Service Set Up Form:
  - Section A is about the person who receives the Direct
     Payment/Personal Budget and who is classed as the employer.

- **Section B** is the information we need about the person who may be looking after the Direct Payment/Budget on behalf of the recipient and with whom we will be communicating on a day to day basis
- Section C is for the names and details of your Personal Assistant(s), including their start date, regular weekly hours worked and rate of pay. There is space on the other side of the form if you are employing more than two PAs. If you are transferring your existing payroll service to KDC, the start date shall be the date from which you wish the service to commence. This form has a checklist of documents to remind you about what we need.
- **3.** Please ask your PA(s) to complete all sections and sign the **New Employee Starter Form** and return it to you. Check this information is correct then send it to us. We have provided three to start with. Call us if you need any more.
- 4. Complete and sign the Authorising your agent Forms (HMRC 64-8 and FBi2) Simply insert your name and your National Insurance Number on Form 64-8 (as per the example in this pack) and sign your name in the signature box. Follow the example for Form FBi2 by inserting your name and address and signature. We will complete all other sections.

Your completed forms should be returned to us at:

KDC, 263a Tarbock Road, Huyton, L36 OSD,

Once we have all the information you can be sure that we will be able to manage everything smoothly for you.

If you need any help, or have any questions, just give our advice line a call on 0151 949 5442 Monday to Friday from 9.00 a.m. to 5.00 p.m. or via email on managedaccounts@kdc.org.uk

# MANAGED PAYROLL SERVICE LETTER OF ENGAGEMENT dated 20 between KDC will complete the date KDC (Registered charity number 1103477) of 263a Tarbock Road, Huyton, Merseyside, L36 OSD ('we' or 'us'), and (Print name and address) Enter your full name and address here

#### INTRODUCTION

This Letter of Engagement sets out the agreed terms of service for a managed payroll service. You wish us to calculate amounts due and pay salary to persons employed by you. We will provide those services on the terms set out in this agreement.

In this agreement 'PA' means a person employed by you and for whom we provide managed payroll services to you.

#### Part 1 THE SERVICE

Provide a comprehensive administration service to enable you to manage your responsibilities towards the Direct Payments scheme. This is subject to your having supplied us with all information relevant to your Direct Payments, including details of your PAs agreed rates of pay, contracted hours and any changes to these as and when they occur. Also subject to your paying over any client contributions as assessed under the Local Authority charging policy.

This service includes:-

- Receiving and holding your Direct Payments monies in a dedicated bank account
- 2. Arranging all payments to your care/support provider and paying wages to your PA (s).
- 3. Paying all monies due in relation to tax deductions and national insurance contributions to Her Majesty's Revenue and Customs (HMRC) all monies due in relation to pensions deductions and employers contributions to your pension provider

- 4. Arranging the necessary insurance cover and paying policy premiums
- 5. Supplying you with regular statements showing the balance of money in your Direct Payments account with details of income and expenditure
- 6. Liaising with the local authority for their auditing and monitoring of your Direct Payments
- 7. Payroll processing services comprising
  - We will register as your agent and we will register for online filing with the Revenue and Customs service. We shall also instruct Revenue and Customs to contact us electronically;
  - Calculate wages for your PA (s) every four weeks based on information provided by you
  - Process all statutory payments and deductions –e.g. SSP, SMP, Student Loans
  - Record annual leave allowance
  - Manage all your legal duties under the workplace pension legislation;
    - Assess and reassess eligibility of staff to be automatically enrolled into a workplace pension scheme
    - ➤ Act as your point of contact with The Pensions Regulator
    - Provide letters and information to your employees
    - Set up a suitable pension scheme with National Employment Savings Trust (NEST)
    - Process pension contributions for you and your employees
    - Manage the payments to your pension provider
  - Prepare and provide electronic payslips for your PA (s)
  - We will store securely all your payroll records for at least 4 years
  - Supply each PA with a P60 (or P14s)
  - Provide a telephone help and advice line service Monday to Friday 9.00 a.m. to 5.00 p.m.
  - Keep you informed of any relevant changes in legislation e.g national living wage rates

#### PART 2 CONFIDENTIALITY AND DATA PROTECTION

- 1 We shall keep your information secure. By entering into this agreement, you are providing express consent to us sharing your personal data (as defined in the Data Protection Act 1998) for the following purposes:
  - I. with the local authority, its agents or to other people that provide funding to you to pay for your care;
  - II. with HMRC for tax purposes;
  - III. with other parties where we are required to do so by law; and to the extent, and in such a manner that is necessary for the purposes of providing the services to you under this agreement.

#### PART 3 LOSSES

- 1 We will not be responsible for losses or expenses caused by any miscalculations that we make due to you or a PA giving us incorrect or incomplete information.
- 2 Where we suffer any loss or damage as a result of any act or omission by you or any of your officers, employees, agents or subcontractors, you will indemnify us for such loss or damage.
- 3. Where you owe us any monies pursuant to this Agreement (including under 3.2 above), we shall, be entitled to set off any such debt against any monies owed to you.
- 4. We will do whatever we reasonably can to make the calculations at the right time, but we will not be responsible for any losses or expenses caused by us receiving information from you too late to allow us to make calculations in time for a PA's contractual pay date.

#### PART 4 EMPLOYMENT OF PAS

- 1. You agree that we are not and will not become the employer of any PA as a result of entering into this agreement. You will compensate us fully for any loss or damage that we may suffer as a result of anyone claiming that we are the employer of a PA.
- 2. You agree that you will remain the employer each PA and are responsible for all the obligations of an employer towards each PA.

3. By entering into this agreement, you confirm that you have obtained informed consent from all PAs for their personal data to be released in accordance with the terms of this agreement and that said PAs have signed the consent statement set out in the New Starter form.

#### PART 5 CHARGES

- 1. We shall collect the fee for the service at the rate set out in the price list from your account automatically every 4 weeks
- 2. We reserve the right to amend the service fee from time to time. In the event of any changes, you will be provided with at two months prior written notice.

#### PART 6 ENDING THE AGREEMENT

- 1. This agreement will start on the date given at the top of the first page.
- 2. Either you or us can end this agreement by giving two months' notice in writing to the other.
- 3. Ending this agreement will not affect any rights that we or you already have on the date that it ends, including the right to be compensated for losses that either you or we have suffered

#### Part 7 - OTHER

- 1. We shall not be required to carry out any of the services or any of our other duties under this agreement if we are unable to do so as a result of anything that is beyond our reasonable control. Things beyond our reasonable control will include:
  - i. changes to laws or other government policies
  - ii. extreme bad weather or other acts of God
  - iii. strikes or other industrial disputes
  - iv. riots or other civil commotion
  - v. breakdowns in bank systems
- 2. This agreement is personal to you and you may not pass on your rights and obligations under it to any other person unless we agree in writing.
- 3. If any part of this agreement is declared to be illegal, invalid or unenforceable that part shall be deemed to be removed from this agreement. This agreement shall continue between us, but without the removed part.

4. You agree that this agreement sets out all the terms of the agreement between us. Any previous agreements between us relating to the services shall have no effect and you shall not be able to rely on their terms. It does not matter whether those previous agreements were made only by word of mouth or were in writing.

5. This agreement is made under English law. Any claims under this agreement may only be made in the English courts

agreement may only be made in the English courts.

Your KDC advisor will sign here

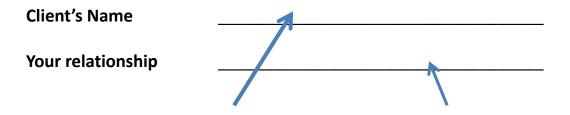
Signed on behalf of Date
Knowsley Disability Concern by (

#### Your signature:

I confirm that I have read and understood the contents of this Letter of Engagement and agree that it accurately reflects the services that I have instructed you to provide.



**N.B.** If you are signing this Letter of Engagement on behalf of the client who receives this service, please state here the client's name and your relationship to them.



If you are signing this form on behalf of the direct payment/personal health budget user, please print their name here and state your relationship to them

#### Managed Payroll Service Set Up Form

Section A –Personal Budget Recipient								Section B – Client Representative (if applicable)				
First	name							First name				
Middle name								Middle name				
Surna	ime							Surname				
Date	of Bir	th:						Date of Birth:				
Addr	ess							Address				
and								and				
Posto	ode							Postcode				
Telep	hono							Telephone				
reiep	none											
Email	addr	ess:						Email address:	:			
Drofo	rrad r	notho	d of co	ntact				Preferred met	hod of cont	ac		
Telep			Mobi		Email			Telephone 1	,obin	Emai		
ССР			11.001									
Section	on C D	irect F	Payme	nt used	l for:							
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Section	D -	Pe <sup>r</sup>	I As	tant								
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Section	on D -	Perso	nal Ass	sistant	2			l				
Name	2:								Start date:			
Email	:								Tel:			
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Weekday Hours Week				end hours	Total	Sleep ins	for Bank					
			-						Hours		Holidays?	
Mon	Tue	Wed	Thur	Fri	Hourly rate	Sat	Sun	Hourly rate			Y N	
1					£			£			1   N	

Section	on D -	Perso	nal Ass	sistant	3							
Name:							Start date:					
Emai	l:									Tel:		
Weekday Hours Weekend hours							Total Hours	Sleep ins	Double Pay for Bank Holidays?			
Mon	Tue	Wed	Thur	Fri	Hourly rate	Sat	Sun		Hourly rate			YNN
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Section	on D -	Perso	nal Ass	sistant	4							
Name	e:									Start date:		
Emai	l:									Tel:		
		Wee	ekday F	lours			Weeke	end l	nours	Total Hours	Sleep ins	Double Pay for Bank Holidays?
Mon	Tue	Wed	Thur	Fri	Hourly rate	Sat	Sun		Hourly rate			YZZ
					£			£				
Set u Lette Form New	In order to start your managed payroll service the following documer's must be completed, so ned and returned to us by post to the address below.  Set up form (this form)  Letter of Engagement  Forms 64-8 and FBi2(original form)  New Employee Starter Form(s) Signed by  Personal Assistant(s)  RDC  Managed Payroll Ser ce  263 a 7 ar pc k Road  Managed accounts@kdc.org.uk  Phone: 0151 480 8873											
			1									



NTC

#### **Authorising your agent**

Please read the notes on the back before completing this Please tick the box(es) and provide the reference(s) authority. This authority allows us to exchange and disclose requested only for those matters for which you want information about you with your agent and to deal with HMRC to deal with your agent. them on matters within the responsibility of HM Revenue & Customs (HMRC), as specified on this form. This overrides any \* select earlier authority given to HMRC. We w Print your Individual\*/Partnership\*/Trust\* Tax Affairs \*delete as appropriate (including National Insurance) until you tell us that the details have Your National Insurance number (individuals only) name here If you are I, (print your name) self employed tick here Unique Taxpayer Reference (UTR) (if applicable) of (name of your business, company or trust if applicable) Enter your national If you are a Self Assessment taxpayer, v authorise HMRC to disclose information to your Statement of Account to you, but insurance like us to send it to your agent instead, plumber here (agent's business name) I agree that the nominated agent has agreed to act on my/our Tax credits behalf, and the information is correct and complete. The authorisation is limited to the matters shown on the Your National Insurance number (only ot e ered al ve) right-hand side of this form. **Signature** see note 1 overleaf before signing If you have a int tax count cla and he other aimant RC t □ W this ag t, th should sign here Sign here Date Sig ture Give your personal details or company registered office here Address Joint claimant's National Insurance number Postcode ... numbe **Corporation Tax** Company Registration Number ag ''s de' i here Address Company's Unique Taxpayer Reference NOTE: Do not complete this section if you are an Postcode employee. Only tick the box if you are an employer Phone number operating PAYE Agent codes (SA/CT/PAYE) **Employer PAYE Scheme** Employer PAYE reference Client reference For official use only (see notes 2 and 5 overleaf) COTAX SA VAT Registration Number EBS NIRS If not yet VAT registered COP link tick here

HMRC 08/11 64-8

#### 1 Who should sign the form

If the authority is for

You, as an individual	You, for your personal tax affairs
A Company	The secretary or other responsible officer of the company
A Partnership	The partner responsible for the partnership's tax affairs. It applies only to the partnership. Individual partners need to sign a separate authority for their own tax affairs
A trust	One or more of the trustees

#### 2 What this authority means

• For matters other than VAT or tax credits

We will start sending letters and forms to your agent and give them access to your account information online. Sometimes we need to correspond with you as well as, or instead of, your agent.

For example, the latest information on what Self Assessment (SA) forms we send automatically can be found on our website, go to

www.hmrc.gov.uk/sa/agentlist.htm

or phone the SA Helpdesk on **0845 9000 444**. You will not receive your Self Assessment Statements of Account if you authorise your agent to receive them instead, but paying any amount due is your responsibility.

We do not send National Insurance stateme and requests for payment to your age to 'ess y have asked us if you can defer put.

Companies do not rece State ents o \ccou !

• For VAT and dits

We will continue to end prespondence to you rather than to yo agent but we can deal with your agent in which or bushed and specific matters. If your agent is able to abmic vAT returns online on your behalf, you will need authorise them to do so through our website.

To joint tax credit claims, we need both claimants to sign this authority to enable HM Revenue & Customs to deal with your agent.

#### 3 How we use your information

HM Revenue & Customs is a Data Controller under the Data Protection Act 1998. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment and collection of tax and duties, the payment of benefits and the prevention and detection of crime, and may use this information for any of them.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

check the accuracy of information

- prevent or detect crime
- protect public funds.

Who signs the form

We may check information we receive about you with what is already in our records. This can include information provided by you, as well as by others, such any her government departments or agencies to over east and customs authorities. We will not to anyone out the HM Reference of Customs unless the law permits us to a so Formore in the search facility.

#### 4 Jultiple gents

you have more then one agent (for example, one acting for the AYE schelle and another for Corporation Tax), pages sign one of these forms for each.

#### 5 Where to send this form

When you have completed this form please send it to:

HM Revenue & Customs
Central Agent Authorisation Team
Longbenton
Newcastle upon Tyne
NE98 1ZZ

There are some exceptions to this to help speed the handling of your details in certain circumstances. If this form:

- accompanies other correspondence, send it to the appropriate HM Revenue & Customs (HMRC) office
- is solely for Corporation Tax affairs, send it to the HMRC office that deals with the company
- is for a High Net Worth or an expatriate customer, send it to the appropriate High Net Worth Unit or the Manchester Expat Team
- accompanies a VAT Registration application, send it to the appropriate VAT Registration Unit
- has been specifically requested by an HMRC office, send it back to that office.

#### **New Employee Starter Form**

#### **Instructions for employees**

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.

#### **Employee's personal details**

1 Last name	<b>5</b> Home address
2 First names (s) Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth	
	Postcode
<b>3</b> Are you male or female? Male □ Female □ Title:	6 National insurance number
Date of birth DD MM YYYY	<b>7</b> Employment start date DD MM YYYY
Your email address	Your telephone number
This is required to access your secure online pay portal  Bank details Account name  Bank	Bank account number  Sort code
② Your employer details Name	Address
	Postcode

#### **Employee statement**

13 You need	to select only one of the following s	tatements A, B or C					
<b>A</b> 🗆	This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.						
В□	This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit. I do not receive a State or Occupational Pension.						
<b>c</b> □	As well as my new job, I have another job or receive a State or Occupational Pension.						
12 Student Lo	oan	Student Loan Plans					
Do you have S repaid	Student Loan which is not fully	you will have a Plan 1 Student Loan if:					
Yes if yes, go to question 15  No If no, go to question 17  Are you paying your Student Loan direct to the Student Loans Company by agreed monthly payments?		<ul> <li>You live in Scotland or Northern Ireland when you started your course, or</li> <li>You lived in England or Wales and started your</li> </ul>					
		course before September 2012.  You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012.					
Yes □ If	yes, go to question 17	What type of Student Loan do you have? Plan 1 □ Plan 2 □					
		Did you finish your studies before the last 6 April?     Yes □     No □     For further guidance on repaying Student Loans go to www.gov.uk/new-employee/student-loans					
18 Your Signa	ature	Name					
		Date (DD MM YYYY)					
I confirm that the details given on this form are correct. If bank details are completed I confirm that this is the bank account I wish to have my salary paid into, I understand that this is subject to the contractual arrangements between KDC and my employer. I agree that my employer may pass this information to YourPayroll for wages processing. Signed							

#### PAY VARIATIONS NOTIFICATION FORM

|--|

Da	ates		Reason (tic	k)		Weekday hours Weel	kend
From	То	Holiday leave/ Holiday cover	Sickness cover or absence	Agreed increase / reduction	Name of Personal Assistant(s)	More Less More hours hours	vorked Less hours

#### Signed (Employer or their representative)

**Date** 

If you would prefer to use an electronic version of this form download from www.yourpayroll.org.uk/forms

We need this information no later than 10 working days prior to the next pay date as it is unlikely we will be able to make the adjustments in time, otherwise any variations shall be processed in the next pay run.

**Note**: Unless the person providing holiday cover is registered with HMRC we cannot process their payroll. If you require a New Employee Starter Form to register such a person download the form from <a href="https://www.yourpayroll.org.uk/forms">www.yourpayroll.org.uk/forms</a>

NOTE: By signing or typing your name here you are declaring the information is a true record

### **TIME SHEET**

(4-WEEKLY PAY PERIOD)

		Empl	oyer Details:				PA Details:						
Name							Name						
Email							Email						
Phone							Phone						
Period Cove	ered:	From	<b>Monday</b> (insert da	te)				1	o Sunday	(insert date)			
Week commencing:	Мо	nday	Tuesday	We	dnesday	Thu	rsday	F	riday	Saturday	Sur	nday	Total hours
						4							
Signed by er	mploye	er:			F		Signed	l by P	A:				
declare	my PA h	as worke	d the hours listed	l above	e				I deci	lare that I have	worked ti	he above	hours listed
Please return c	omplete	d timesh	neets to the team	in lin	e with last	date fo	r changes	Tel: 0	1514 808 8	873 Ema	il: manage	daccoun	ts@kdc.org.uk

#### **Registered Office:**

KDC, 263a Tarbock Road, Huyton, L36 OSD T: 0151 480 8873 | E: managedaccounts@kdc.org.uk

Registered Charity No: 1103477 | Company No: 5002948

Your Payroll is the trading name of KDC (Commercial) Limited 0151 949 5442 | yourpayroll@kdc.org.uk | www.payroll.org.uk Registered as a company in England and Wales No: 08489813

Part of the charity KDC



Thank you for choosing

KDC Managed

Payroll

