

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 Form (HMRC 64-8) 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 managedaccounts@kdc.org.uk 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**) 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.

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 480 8873 Monday to Friday from 9.00 a.m. to 5.00 p.m. or via email on managedaccounts@kdc.org.uk

IVIANAGED PATROLL SERVIO	CE LE	ITER OF ENGAGEN		the date
dated	20	< between		the date
KDC (Registered charity numbe Merseyside, L36 OSD ('we' or 'u		•	Road, F	luyton,
(Print name and address)	<i>3 </i>	E	nter you ddress h	ur full name and
(Print hame and address)				Tere
				('you')

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.

Part 1 THE SERVICE

Provide a comprehensive administration service to enable you to manage your Personal Budget. This is subject to your having supplied us with all information relevant to your Personal Budget, including details of your PAs agreed rates of pay, contracted hours and any changes to these as and when they occur.

This service includes:-

- Receiving and holding your Personal Budget 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 account with details of income and expenditure
- 6. Keeping records, invoices and receipts for monitoring purposes.

- 7. Payroll processing services comprising of
 - Registering you as an employer with HMRC.
 - Acting as your agent in all dealings with HMRC.
 - Calculating wages for your PA (s) every four weeks based on information provided by you
 - Processing all statutory payments and deductions –e.g. SSP, SMP, Student Loans
 - Recording annual leave allowance/s
 - Managing all your legal duties under the workplace pension legislation, including;
 - Assessing and reassessing eligibility of staff to be automatically enrolled into a workplace pension scheme
 - > Acting as your point of contact with The Pensions Regulator
 - Providing letters and information to your employees
 - Setting up a suitable pension scheme with National Employment Savings Trust (NEST)
 - Processing pension contributions for you and your employees
 - Managing the payments to your pension provider
 - Preparing and providing electronic payslips for your PA (s)
 - Supplying each PA with a P60 (or P14s)
 - Storing securely all your payroll records for at least 4 years
 - Providing a telephone help and advice line service Monday to Friday 9.00 a.m. to 5.00 p.m.
 - Keeping you informed of any relevant changes in legislation and making relevant adjustments to ensure compliance.

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 HMRC for tax purposes;
 - II. 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 of 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 annual fee for the service direct from your account.
- 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 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 we 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

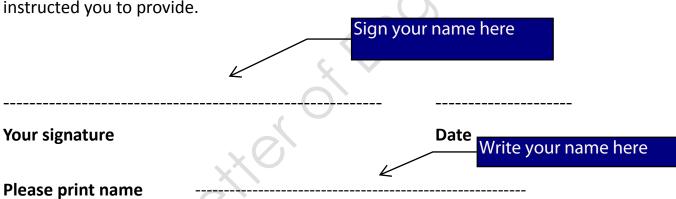
services shall have no effect and you shall not be able to rely on those terms. It does not matter whether those previous agreements were made only by word of mouth or in writing.

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

	Your KDC advisor will sign here
	 X
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.

Client's Name	
Your relationship	

If you are signing this form on behalf of the client, please print their name here and state your relationship to them

The details of the person receiving care must go here in Section A First name Middle name Surname Date of Birth: Address and Postcode Telephone Telephone The details of the representative for the person receiving care must go here in Section B (e.g parent details) Postcode Telephone The details of the representative for the person receiving care must go here in Section B (e.g parent details) Telephone Telephone Telephone Preferred method of contact: Telephone Mobile Telephone Mobile Fmail Telephone Mobile Fmail Telephone Mobile Fmail								
First name Middle name Surname Date of Birth: Address and Postcode Telephone Email address: Email address: Dreferred method of contact: Preferred method of contact: Preferred method of contact:								
Preferred method of contact: Preferred method of contact:								
Preferred method of contact: Preferred method of contact:								
Preferred method of contact:								
Preferred method of contact: Telephone								
Section C Direct Payment used for:								
Employing a PA (s) \square Agency care \square								
Other Enter details below (e.g. respite, transport)								
Enter the details of any PA's who will be employed including their hours and rates as detailed below								
Section D - Personal Assistant 1 Name: Start date:								
Name: Start date: Email: Tel:								
Weekday Hours Weekend hours Total Hours Sleep ins for Bank Holidays?								
Mon Tue Wed Thur Fri Hourly rate Sat Sun Hourly rate								
Section D - Personal Assistant 2								
Name: Start date:								
Email: Tel:								
Weekday Hours Weekend hours Total Hours Sleep ins For Bank Holidays?								
Mon Tue Wed Thur Fri Hourly rate Sat Sun Hourly rate f f f								

Section D - Personal Assistant 3											
Name	Name:						Start date:				
Emai	Email:						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			V C N C
					£			£			Y N
Section D - Personal Assistant 4											
Name: Start date:											
Email: 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			V [N [
					£			£			Y N
In order to start your managed payroll service the following documents must be completed, signed and returned to us by post to the address below.											
Lette Form New	Set up form (this form) Letter of Engagement Forms 64-8 (original form) New Employee Starter Form(s) Signed by Personal Assistant(s) KDC Managed Payroll Service 263a Tarbock Road Huyton Phone: 0151 480 8873 Phone: 0151 480 8873										

Make sure you have completed and signed all these necessary forms to set up your managed payroll service



Authorising your agent
The person receiving the care or their

	representative must enter their Nation
Please read the notes on the back before completing this	Please tick the box(es) a Insurance number here
authority. This authority allows us to exchange and disclose information about you with your a Enter the name of the person	requested only for thos
them on matters within the responted care here OR their	C to deal with your agent.
Customs (HMRC), as specified on the representative	ividual*/Partnership*/Trust* Tax Affairs * select
earlier authority given to HMRC. We until you tell us that the details have changed.	lete as appropriate (including National Insurance)
until you tell us that the details have changed.	Your National Insurance number (individuals only)
I, (print your name)	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)	If UTR not yet
	If you are a Self Assessment taxpayer, we will send
authorise HMRC to disclose information to	your Statement of Account to you, but if you would
(agent's business name)	like us to send it to your agent instead, please tick here
The person receiving of representative must significant the information is correct and the authorisation is limited to the matters right-hand side of this form. Signature see note 1 overleaf before signing	number (only if not entered above)
	If you have a joint tax credit claim and the other claimant wants HMRC to deal with this agent, they should sign here Name
Date	Signature
Give your personal details or company registered office here	
Address	
	Joint claimant's National Insurance number
Postcode	
Phone number	
	Corporation Tax
Give your agent's details here	Company Registration Number
Address	
	Company's Unique Taxpayer Reference
Postcode	NOTE: Do not complete this section if you are an
Phone number	employee. Only tick the box if you are an employer
Agent codes (SA/CT/PAYE)	operating PAYE
	Employer PAYE Scheme
Client reference	Employer PAYE reference
Cuent reference	
For official use only	VAT (see notes 2 and 5 overleaf)
SA/ COTAX/	
NIRS / / EBS / /	VAT Registration Number If not yet
COP / / VAT / / NTC / / COP link / /	registered tick here

HMRC 08/11 64-8

COP link ____

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 statements and requests for payment to your agent unless you have asked us if you can defer payment.

Companies do not receive Statements of Account.

· For VAT and tax credits

We will continue to send correspondence to you rather than to your agent but we can deal with your agent in writing or by phone on specific matters. If your agent is able to submit VAT returns online on your behalf, you will need to authorise them to do so through our website. For 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 as other government departments or agencies and overseas tax and customs authorities. We will not give information to anyone outside HM Revenue & Customs unless the law permits us to do so. For more information go to www.hmrc.gov.uk and look for Data Protection Act within the Search facility.

4 Multiple agents

If you have more than one agent (for example, one acting for the PAYE scheme and another for Corporation Tax), please 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



The PA must complete this form in full to be entered onto the payroll system

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	5 Home address
2 First names (s) Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth	
	Postcode
3 Are you male or female? Male □ Female □ Title:	6 National insurance number
4 Date of birth DD MM YYYY	7 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 st	atements A, B or C				
A 🗆	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.					
с□	As well as my new job, I have another	er job or receive a State or Occupational Pension.				
1 Student L	oan	Student Loan Plans				
Do you have t	Student Loan which is not fully	you will have a Plan 1 Student Loan if:				
_	yes, go to question 15	 You live in Scotland or Northern Ireland when you started your course, or You lived in England or Wales and started your course before September 2012. 				
Are you paying your Student Loan direct to the Student Loans Company by agreed monthly payments?		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 no, go to question 16	16 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				
13 Your Sign	ature	Name				
		Date (DD MM YYYY)				
account I wis	h to have my salary paid into, I understa C and my employer. I agree that my emp	ect. If bank details are completed I confirm that this is the bank and that this is subject to the contractual arrangements ployer may pass this information to YourPayroll for wages				

PAY VARIATIONS NOTIFICATION FORM



This form must be completed to notify changes to payroll

Name of Employer

Da	ntes		Reason (ticl	k)		Weekday hours Wee	ekend
From	То	Holiday leave/ Holiday cover	Sickness cover or absence	Agreed increase / reduction	Name of Personal Assistant(s)	More Less More hours hours	Less hours

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 www.yourpayroll.org.uk/forms

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

TIME SHEET

This form can be completed as a timesheet

(4-WEEKLY PAY PERIOD)

Employer Details:					PA Details:								
Name							Name						
Email							Email						
Phone							Phone				W		
Period Cove	ered:	From	Monday (insert dat	te)				٦	Γο Sunday	(insert date)			
Week commencing:	Moi	nday	Tuesday	Wed	dnesday	Thu	rsday	F	riday	Saturday	rt date)	Total hours	
						4							
Signed by er	nploye	r:			K		Signed	l by P	A:				
declare	my PA ho	as worke	d the hours listed	above	2				I deci	lare that I hav	e worke	ed the above	? hours listed
Please return o	omplete	d timesh	eets to the team	in line	e with last	date fo	r changes	s Tel: 0	1514 808 8	373 Ema	ail: man	agedaccoui	nts@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

