

# **Service Agreement**

This is a Service Agreement for Plan Management (Financial Intermediary) Services under the National Disability Insurance Scheme (NDIS) and any additional professional services as requested.

## Who is this Service Agreement between?

This Service Agreement is made between Aspect Plan Management ("APM") and you the Participant/nominated representative ("Participant") collectively referred to as ("Party").

APM is a registered trading name of Gobbill Australia Pty Ltd ABN 16 622 628 666 and registered National Disability Insurance Scheme Provider (4050064402).

### NDIS Participant Details

| NDIO I al licipalit Details                             |                      |
|---|----------------------|
| Participant Details                                     |                      |
| First Name:   | Last Name:           |
| NDIS Number:  | Date of Birth:       |
| Suburb:   | State:               |
| Gender (Optional):                                      | Pronouns (Optional): |
| NDIS Plan Dates   |                      |
| Start date:   | End date:            |
| Service Agreement Start Date,<br>otherwise Date Signed. |                      |
|   |                      |

## Primary Contact Person (Participant or Nominated Representative)

This is the primary contact person for the plan that we will communicate with. If you are a nominated representative acting on behalf of a participant, put your details here, not the participants.

| First Name:                  | Last Name:    |
|------------------------------|---------------|
| Email address:               | Phone Number: |
| Relationship to Participant: |               |

## Optional: Reimbursement Bank Account (Participant or Nominated Representative)

This is the primary bank account where any reimbursement of funds will be deposited.

| Bank Name:  | Account Name:   |
|-------------|-----------------|
| BSB Number: | Account Number: |





#### Term of the Service Agreement

This Service Agreement is effective from the commencement of the Participant's current Plan, or the date the agreement is executed, whichever is later. The Service Agreement will operate until a notice is provided to end the service.

#### **Ending the Service Agreement**

Either Party may end this Service Agreement, by providing the other Party 28 days notice in writing. If either party seriously breaches this Service Agreement, the required notice period may be waived.

#### Changes to the Service Agreement

If any changes to this Service Agreement are required, APM will notify you in writing of the changes. These shall be considered accepted by you, unless you notify us in writing, within 7 calendar days.

#### **Duty of Disclosure**

By completing this form, you are engaging the services of APM. It will assist us if you provide a copy of your NDIS plan to APM for the purposes of managing your payments and invoices for services relating to your plan.

You may choose not to provide a copy of the plan.

In the absence of receiving your NDIS plan, we require written advice from the Participant or Nominated Representative of the funded support(s) in the plan, in order to manage the payment of invoices from the plan. Providing false or misleading information about your plan may lead to the cessation of your plan management services.

The Participant or Nominated Representative must notify APM of any changes to their Plan. Failure to do so may result in non-payment of invoices, and/or termination of services.

#### Schedule of Supports and Our Fees

Once engaged, APM will claim directly from the NDIA the setup and renewal fees\* (if applicable) and monthly fee for the provision of Plan Management services. The fees for our services will be deducted from the Participant's plan according to the NDIS Price Guide. The NDIA may from time to time vary our fees.

As an indication the current fees effective as of 1st of July 2022 are:

## Support Category Name: Improved life choices

| Support<br>Item<br>Number | Support Item Name  | Support Item Description  | Price     |
|---------------------------|--|---|-----------|
| 14_034_0<br>127_8_3       | Plan Management -<br>Financial Administration                        | A monthly fee for the ongoing maintenance of the financial management arrangements for managing of funding of supports.             | \$104.45  |
| 14_033_0<br>127_8_3       | Plan Management And<br>Financial Capacity Building -<br>Set Up Costs | A one-off (per plan) establishment fee for setting up of the financial management arrangements for managing of funding of supports. | \$232.35* |

<sup>\*</sup>we may waive this fee if you are moving from another plan manager to APM.

## Optional Requested Services.





APM provides more than just NDIS Plan Management services. If you request and approve for additional professional services such as training or budget analysis, the following codes may be used:

- 14\_031\_0127\_8\_3 CB and Training in Plan and Financial Management by a Plan Manager
- 01\_134\_0117\_8\_1 Self-Management Capacity Building
- 09\_009\_0117\_6\_3 Skills Development And Training
- 15\_038\_0117\_1\_3 Training For Carers/Parents

Our hourly rate for professional services including report writing, training and/or financial analysis is \$65.09 per hour – GST exempt. Additional expenses (i.e. things that are not included as part of a Participant's NDIS supports) are the responsibility of the Participant or Nominated Representative and are not included in the cost of the supports.

#### Payment of your invoices for NDIS Services / Supports

The Participant, their Nominated Representative, or their Support Coordinator is responsible for engaging their services supports providers, in accordance with the goals and funding in the Participant's plan.

It is the responsibility of the Participant, Nominated Representative or Support Coordinator to ensure that the services align with the goals of the Plan and that there is enough funding available for the services they intend to access.

After the supports are delivered, the service provider, Participant or Nominated Representative will claim payment by forwarding the related invoice to APM via email.

#### Consent for Disclosures.

We strive to be as flexible as possible and to work closely with Your Providers, especially Support Coordinators, Local Area Coordinators and the Agency. APM will only use and disclose personal information for the primary purpose for which it was initially collected, or for purposes which are directly related to plan management functions or activities. Refer to our Privacy Policy on our website for further details.

Where there are questions regarding the use of funds, alignment to your plan goals and/or invoice payment issues, You consent to APM to disclose personal details and work with third-parties including the NDIA to seek advice or resolve matters.





#### Standing Approvals

To expediate payments to your Providers, APM implements a Standing Approval to pay invoices from Providers on your behalf which may include cancellations, non face-to-face and travel charges. You will be provided with a monthly statement by us which You should check for correctness. You may opt out of standing approvals below if you prefer.

If you opt out, we will ask you to approve invoices for services which you do not have a current service agreement in place for. If you do not respond to our request to approve an invoice to either approve or reject it, we will mark it as approved to be paid by the due date.

| Please leave blank or write "Opt Out" here if you wish to opt out: |  |
|--|--|

## Notification to switch plan mangers

To make this process of transitioning between plan management companies as stress free as possible, we are happy to contact the other plan management company on our behalf to notify them that you intend to switch companies.

| Do you provide consent for Aspect Plan Management to contact |
|--|
| your current/previous plan manager to notify them of your    |
| intention to transfer? "Yes/No"                              |
|  |

#### Feedback or complaints

We are committed to providing the best plan management support and service to our NDIS Participants. If you wish to provide feedback, or are not satisfied with the provision of support provided and wish to make a complaint, we encourage you to contact us on

| Contact Name | Aspect Plan Management                           |
|--------------|--|
| Phone        | 1300 770 986                                     |
| Email        | contact@aspectndis.com.au                        |
| Address      | Level 4, 152 Elizabeth Street Melbourne VIC 3000 |

We will provide a written response within 5 business days. If you are not satisfied with our response to your complaint, or if you would like to seek further support or advice in relation to making a complaint, you can contact the NDIS Commission. Information about the Commission and their services can be found on their website https://www.ndiscommission.gov.au or contact them on 1800 035 544 (free call from landlines) or TTY 133 677. Language interpreters can also be arranged.





## Participant budgets and funded supports

The Participant or Nominated Representative will provide APM with details of their support budgets as per the Participant's current NDIS plan. If the support categories or budgets change, the Participant or Nominated Representative must immediately notify APM in writing. The Participant or Nominated Representative is responsible for purchasing services/supports that fit within the funding of the Plan. APM is not responsible for any excess amounts not covered by the plan, and these will be referred back to the Participant or Nominated Representative directly for payment.

| Confirmation of Service Agreement  |    |
|--|----|
| By signing below, I acknowledge that I have read and accept this service agreement | t. |

| , |  |
|---|--|
| Signature                               |  |
| Full Name (printed)                     |  |
| Date Signed:                            |  |