



## PLAN MANAGE ASSIST

### NDIS PLAN MANAGEMENT SERVICE AGREEMENT

#### Introduction

This Service Agreement is between Corcol Holdings Pty Ltd trading as **Plan Manage Assist (PMA)** and the participant/nominated representative in the National Disability Insurance Scheme (NDIS) as identified in this agreement.

#### Service Agreement

This Service Agreement sets out how PMA will deliver its plan management services to you in accordance with the National Disability Insurance Scheme (NDIS).

PMA does not require participants to fill in a new service agreement for updated NDIS Plans they receive, the Service Agreement will remain current until a formal notice to cease services has been provided to PMA, which you, as the participant (or participant's representative), have the right to do so. PMA requires 30 days' notice in writing to end this Service Agreement and in the event of a serious breach of the Service Agreement by either party, the notice period of termination will be waived.

It is advisable to send an updated Service Agreement with each updated NDIS Plan in case contacts, addresses, or other details have changed.

#### Responsibilities

Plan Manage Assist	Participant /nominated representative
<ul style="list-style-type: none"> <li>assist the participant and or nominated representative regarding budget expenditures</li> </ul>	<ul style="list-style-type: none"> <li>inform PMA immediately if the NDIS Plan is suspended or renewed by a new NDIS Plan or if you stop being a participant of the NDIS</li> </ul>
<ul style="list-style-type: none"> <li>pay supplier invoices</li> </ul>	<ul style="list-style-type: none"> <li>treat PMA with courtesy and respect</li> </ul>
<ul style="list-style-type: none"> <li>provide monthly expenditure reports (via website portal) or on request to the participant / nominated representative</li> </ul>	<ul style="list-style-type: none"> <li>provide PMA with the required notice if you need to end this Service Agreement (see the section under '<b>Service Agreement</b>')</li> </ul>
<ul style="list-style-type: none"> <li>process participant reimbursement claims (in line with the participant's NDIS plan)</li> </ul>	<ul style="list-style-type: none"> <li>talk to PMA if you have any concerns about the service being provided</li> </ul>
<ul style="list-style-type: none"> <li>protect the participant's privacy and confidential information as per PMA's Privacy Policy.</li> </ul>	<ul style="list-style-type: none"> <li>purchase supports that are <i>reasonable and necessary</i> outlined in your NDIS Plan and as defined by the NDIS</li> </ul>
<ul style="list-style-type: none"> <li>keep accurate and up-to-date records of all our services provided to you</li> </ul>	<ul style="list-style-type: none"> <li>communicate openly and honestly and with courtesy and respect.</li> </ul>
<ul style="list-style-type: none"> <li>provide support in a manner consistent with all relevant laws, including the NDIS Act 2013 and rules and the Australian Consumer Law.</li> </ul>	<ul style="list-style-type: none"> <li>check budget balances by logging into the <a href="#">MyPMA</a> portal, or contacting our Plan Managers for updates</li> </ul>

## Feedback, Complaints, and Disputes

If the participant/nominated representative wishes to give PMA feedback, is not happy with the provision of support, and wishes to make a complaint, you may contact us via the following methods:

- call: 1300 199 960
- email: [enquiries@planmanageassist.com.au](mailto:enquiries@planmanageassist.com.au)

If the complaint is not resolved to your satisfaction, the participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting [ndis.gov.au](http://ndis.gov.au) for further information, or you may contact the NDIS Quality and Safeguards Commission on 1800 035 544 or via a complaint form on their website at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au).

## Fees and Payment

- PMA Plan Management service is free to the participant and is included and outlined in their NDIS Plan.
- PMA will claim payment directly from the NDIA a monthly fee for their provision of services as agreed in the NDIS Schedule of Supports –
  - “Improved Life Choices” (Support Category 14).
- PMA will automatically update its fees in accordance with the NDIS Price Guide and no action will be required from you.
- additional expenses (i.e. items/support that is not included in a participant’s NDIS Plan) are the responsibility of the (participant/nominated representative).

## Goods and Services Tax (GST)

For GST legislation, the Parties confirm that:

- a supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the [National Disability Insurance Scheme Act 2013](#) in the participant’s NDIS plan currently in effect under section 37 of the NDIS Act;
- PMA will pay GST as specified in the National Disability Insurance Scheme Act 2013

## Consent

- I understand that information may be held about the participant regarding the NDIS plan.
- I understand that PMA may disclose/exchange the participants' information with other PMA support staff as needed, during the period we are providing a plan management service.
- This authority will remain in place for as long as PMA is engaged as the Plan Manager to support the participant.

**Could you please sign and list below the contacts with whom you would like to receive updates on budget and expenditure.**

Please fill out this form online, if you have any difficulties filling in this form, please don't hesitate to contact us at **1300 199 960** or send an email to [enquiries@planmanageassist.com.au](mailto:enquiries@planmanageassist.com.au)

**The participants' details:**

<b>Participants Name</b>	<b>NDIS Number</b>
<b>Participant DOB</b>	<b>Address</b>
<b>Mobile Number/ Email</b>	<b>I would like to receive budget updates. YES/NO</b>

**Agreement signature**

The participant/nominated representative agrees to the terms and conditions of this Service Agreement.

**Signature:**

**Date:**

**The participants nominated representative:**

<b>Contact Name</b>	<b>Relationship to Participant</b>
<b>Mobile Number</b>	<b>Email</b>
<b>I would like to receive budget updates YES/NO</b>	

**Support coordinator or secondary nominated representative:**

<b>Contact Name</b>	<b>Relationship to Participant</b>
<b>Mobile Number</b>	<b>Email</b>
<b>I would like to receive budget updates YES/NO</b>	