

# PAYROLL PROPOSAL FOR

This Payroll Proposal is provided to you by:  
**Innovative Payroll Solutions**



Powered by Insight Payroll Associates



Insight Payroll Associates

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# Payroll & HR Services Include

- **Payroll Processing**
- **Dedicated Payroll Specialist Assigned to Your Account**
- **Personalized Training**
- **Payroll Tax Payments**
- **Quarterly Federal/State Tax Filing**
- **Direct Deposit, Pay Cards or Paper Checks**
- **Access to Reporting Payroll Online through a User-friendly Site**
- **Option to Email, Phone in or Fax in Payroll Per Pay Period**
- **Secure Online Payroll Reports**
- **ACA (Affordable Care Act) Reporting**
- **Vacation/Sick Leave/Time Off Accruals**
- **Garnishment Services**
- **General Ledger Reporting**
- **New Hire Reporting**
- **Union Reporting**
- **W-2 & 1099 Processing**
- **Digital Delivery of W2 & Tax Forms**

- **Pay-As-You-Go Workers' Compensation Calculation, Collection and Remittal**
- **Customized Web Portal for one stop Administration**
- **Unlimited Access to Attorney Advice**
- **Digital New Hire Documents**
- **Business Expense Reduction Analysis**
- **Risk Analysis Questionnaire and Consultation**
- **Digital General Employee Handbook**
- **Unlimited Access to Extensive HR Library**
- **ERMA Bi-Weekly Newsletter with Industry Updates**
- **Subcontractor Certificate Tracking**
- **Unlimited Access to State Regulatory Updates**
- **Digital General Workplace Safety Program**
- **HR & Employee Law Topics Monthly Webinars**
- **Access to Preemployment Screening**

## Checklist of Return Forms

**Payroll Service Agreement (Page 3)**

**8655 & 8821 (Forms required to notify the IRS that we are your payroll tax reporting agent - Pages 6-7)**

**Digital Signature Form (Your signature will be uploaded in the case that IPA must process a paper check - Page 8)**

**Client ACH Authorization Form (Form for verification of your business checking account for direct deposit & tax payments - Page 9)**

**Payment Authorization / Agreement Acceptance (Page 10)**

**Void Check**

# Payroll Service Agreement



## Company Information

Legal Name: DBA:  
Address: City: State: Zip:

## Payroll Information

Payroll Frequency: Existing Business:  
Anticipated First Check Date: Prior Wages:  
Payment Method to Employees: \*Shipping Charges May Apply

## Tax Information

Company Home State: State Unemployment ID:  
Entity Type: State Unemployment Rate:  
FEIN: State Withholding ID (if applicable):

## Servicing Insurance Agent / Broker

Agency Name: Agent Name:  
Agent Phone: Agent Email:  
Policy Number (if available) Policy Effective Date:

## Authorized Payroll Contacts

Name:	Phone:	Email:	Role:
Name:	Phone:	Email:	Role:
Name:	Phone:	Email:	Role:

## Payroll Service Fee Per Pay Period

Weekly ..... \$51.95 Base + \$1.75 per employee/1099 paid  
Bi-Weekly ..... \$75.95 Base + \$1.75 per employee/1099 paid  
Semi-Monthly ..... \$82.95 Base + \$1.75 per employee/1099 paid  
One-Time Implementation Fee ..... \$125.00

A \$30.00 late fee will be assessed for payroll submitted after 2:00pm CST the day prior to your check date.

## Account Access Authorization

Previous Payroll Provider Name:  
URL: User Name: Password:

I authorize IPA to use the information provided to log in to my payroll account to obtain payroll reports and employee information necessary to transfer my payroll service.

# IPA Solutions Upgrade Agreement



## Company Information

Legal Name:

FEIN:

## HR Solutions Options

<p><b>Insight Payroll Associates allows you to reduce time-consuming onboarding work, track applicants, licenses and certificates, empower employees to manage their own information so you can concentrate on what's essential</b></p>	
<input type="checkbox"/> <b>Essential HR Solutions Tier</b> Only \$30/month + \$2.00/employee	<input type="checkbox"/> <b>Advanced HR Solutions Tier</b> Only \$45/month + \$4.00/employee
Employee Portal E-Documents Management Electronic Onboarding Time & Attendance Integration Payroll & Tax Integration W-4 & 1-9 Forms Employee Maintenance	Employee Portal E-Documents Management Electronic Onboarding Time & Attendance Integration Payroll & Tax Integration W-4 & 1-9 Forms Employee Maintenance Benefits Management Insurance Carrier Integration Applicant Tracking Benefits Open Enrollment Performance Reviews License & Certificates Tracking

## Timekeeping Solutions Options

<input type="checkbox"/> <b>Web Timeclock Services</b> (TimeWorks Plus through our Partnership with Swipeclock) <b>\$4.50 per employee per month (5 Employee minimum)</b> One Time Implementation fee: Basic - \$149 / Advanced - \$379 \$50 One Time Web Clock Activation Fee	<input type="checkbox"/> <b>Web Timeclock Services with Scheduling</b> (TimeWorks Plus & Time Simplicity through our Partnership with Swipeclock) <b>\$6.00 per employee per month (5 Employee minimum)</b> \$799 One Time Implementation fee \$50 One Time Web Clock Activation Fee
*Clock Hardware sold separately (Monthly Hardware Clock Fee - \$15)	
<input type="checkbox"/> <b>GPS Services / Mobile Location Management - \$30 per month</b>	

## Miscellaneous Upgrade Options

<input type="checkbox"/> <b>General Ledger Interface - Coming Soon!</b>
<input type="checkbox"/> <b>E-Verify - Coming Soon!</b>

Initial:



# Employers' Risk Management Association (ERMA) Membership Upgrade Solutions Agreement

**Company Name:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

## Select from the following Upgrade Options below to enhance your ERMA Membership

### Access to HR Legal Services & Counsel

#### **Ask HR Lite+ (\$49 per company per month)**

\*12 Month Minimum

- Unlimited Access to HR Attorney advice
- Attorney drafted federal and state specific employee handbook, with updates (completed in 5-7 business days)
- Unique employee handbook interview dashboard to tell us about your company

#### **Ask HR (\$89 per company per month)**

\*12 Month Minimum

- Unlimited Access to HR Attorney advice
- Attorney drafted federal and state specific employee handbook, with updates (completed in 5-7 business days)
- Unique employee handbook interview dashboard to tell us about your company
- Legal review or creation of employee related documents

#### **Ask Pro (\$279 per company per month)**

\*12 Month Minimum

- Unlimited Access to HR Attorney advice
- Attorney drafted federal and state specific employee handbook, with updates (completed in 5-7 business days)
- Unique employee handbook interview dashboard to tell us about your company
- Legal review or creation of employee related documents
- Expert Assistance with corporate policies and procedures
- Commercial Collections: 15% contingent fee on pre-litigation and 30% if litigation required on claims
- Consumer Collections: 25% contingent fee on pre-litigations claims
- Unlimited access to business law documents and templates
- Unlimited drafting and review to Ask Pro's business forms
- Review of two non-Ask Pro's business documents per month

### Retirement Planning Services

#### **401(k) Administration (\$150 per month) +**

**Facilitation fee of \$6 per contributing employee per month (Billed per pay period by Human Interest)**

\*Must run payroll through an ERMA approved payroll vendor

### Compliance Services

**Drug-Free Workplace Implementation Assistance (\$350 annual fee)**

**Industry Specific Safe Workplace Implementation Assistance (\$50 annual fee)**

Initial:



## Digital Signature Form

Company Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Please sign three times for each signature below. Keep signature within the box and use a felt tip pen to sign. Only use "Signature 2" if you have two signatures on checks.

**Signature 1**

**Signature 2**



## Client ACH Authorization Form

### Company Information

Client ID (if applicable): \_\_\_\_\_  
Legal Business Name: \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Tax ID/EIN #: \_\_\_\_\_  
Registered State: \_\_\_\_\_ State ID #: \_\_\_\_\_  
Business Address Line 1: \_\_\_\_\_  
Business Address Line 2: \_\_\_\_\_  
Business Address City: \_\_\_\_\_  
Business Address State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address same as Business Address?:  Yes  No  
Mailing Address Line 1: \_\_\_\_\_  
Mailing Address Line 2: \_\_\_\_\_  
Mailing Address City: \_\_\_\_\_  
Mailing Address State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Listed Phone #: \_\_\_\_\_  
Website: \_\_\_\_\_  
Owner/Principal Name: \_\_\_\_\_  
Owner/Principal Title: \_\_\_\_\_  
Password: \_\_\_\_\_

### Transmission Reports

Email Address 1: \_\_\_\_\_  
Email Address 2: \_\_\_\_\_  
Report Type:  HTML  PDF  Encrypted PDF:  
Encrypted PDF Password: \_\_\_\_\_

### Authorized Signature

By signing this Client Authorization Form, authorization is hereby granted to: \_\_\_\_\_ and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information associated with the Authorized Account specified on this form.

I acknowledge that: \_\_\_\_\_ shall utilize the services provided by NatPay for the purpose of transferring funds through the Automated Clearing House (ACH) in accordance to the rules of the National Automated Clearing House Association (NACHA), the laws of the State of Florida, and all applicable federal rules and regulations for various purposes that include, but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other applicable reason that the Company may desire to transfer funds electronically through the ACH system. All applicable transfers of funds shall also be in accordance with the Service Agreement signed by the Professional Payroll Processor (PPP) specified on this form. The term of this Agreement shall be for one year, and is subject for review and acceptance each year thereafter. Any of the applicable parties may terminate this Agreement at any time upon written notice to the other applicable parties. This signed Client Authorization Form may be considered as an application for credit, and therefore authorizes the PPP specified on this form and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, and a Company's bank to verify status, history, and other applicable credit information.

\_\_\_\_\_  
Company Manager Name (Please print.)

\_\_\_\_\_  
Company Manager Title

\_\_\_\_\_  
Company Manager Signature

\_\_\_\_\_  
Date

### Funding & Timing Options

#### PPP Information

PPP Name: \_\_\_\_\_  
PPP Account #: \_\_\_\_\_  
Fees Charged To:  PPP  Client  
Pennies Challenge Waived:  Yes  No (if applicable)  
In-Person Contact Made with Client:  Yes  No  
Live Processing Date: \_\_\_\_\_

#### Business Account for ACH Transactions

Bank Name: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_  
Business Account #: \_\_\_\_\_  
Account Type (Include copy of voided check.):  Checking  Savings

#### Business Account for Tax Payments (if applicable)

Business Account Above  Business Account Below:  
Bank Name: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_  
Business Account #: \_\_\_\_\_  
Account Type (Include copy of voided check.):  Checking  Savings

052516B



Company Name:

FEIN:

## Service Agreement Terms & ACH Debit Authorization

I engage Insight Payroll Associates (IPA) to act as my payroll administrator for implementation and ongoing support with payroll related matters, as well as other related services under this contract. I acknowledge that IPA is unable to provide tax or legal advice and that I should contact a CPA or legal professional for such advice. It is my responsibility to review all information in the payroll system and/or to review my payroll data prior to processing payroll to ensure accuracy.

I hereby authorize IPA to deduct my payroll, tax liability, and any other payroll related fees from my checking account on a per pay period basis depending upon my payroll frequency. I authorize IPA to deduct my selected Upgrade Solutions Options with my other payroll related fees from my checking account on a per pay period basis depending on my payroll frequency. Upgrade Solutions Options selected will be billed via a Payroll Service Fee Invoice when my payroll is finalized and deducted from my account on file the Monday following my Check Date along with my other Payroll Service Fees.

I hereby authorize Employers' Risk Management Association (ERMA) to deduct my selected Upgrade Solutions options from my authorized payment method. I acknowledge that I am an authorized representative of the company listed above and have fully read, understand and agree to the conditions stated in this Agreement, and any supplemental forms or addendum(s) provided pursuant to this contract.

I authorize Reliable Premium Management, Inc (RPM) to calculate, collect, and remit my workers' compensation premiums. I authorize RPM to automatically deduct these payments to escrow and remit to my insurance carrier. I understand that being a part of the pay-as-you-owe program means that I will run payroll on a weekly, bi-weekly, or semi-monthly basis. RPM is not responsible for any balances due upon completion of a work comp audit by the insurance carrier.

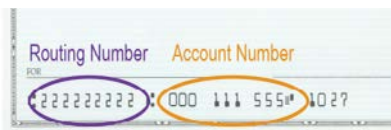
This section **MUST** be completed  
PLEASE ATTACH A VOID CHECK

Company Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_



## Agreement Acceptance

This agreement governs ACH transactions initiated by IPA, RPM or ERMA to debit or credit the company indicated above. Both parties agree that this agreement constitutes authorization to debit company's business bank account, and I agree not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this agreement. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), IPA, RPM, or ERMA may at its discretion attempt to process the charge again up to 3 times within 30 days, and agrees to an additional fee of up to \$100 for each attempt returned NSF which will be initiated as a separate transaction. The bank information provided above is a valid account and is enabled for ACH transactions. Upon receipt of the ACH debit transfer, all deposits paid are due and any transactions reversed or omitted will incur additional charges. This authorization shall remain in full force and effect until a written ACH termination notice is received; such written notice must be received at least 10 days prior to the requested termination date. I acknowledge that I am an authorized representative of the company listed above and have fully read, understand and agree to the conditions stated in this Application and Agreement, and any supplemental forms or addendum(s) provided pursuant to this contract.

Authorized Representative Name:

Title:

Signature:

Date: