

# **Welsh Government social care workforce special payment scheme**

## **Employee claim form**

You have received this form from your employer because they believe you are eligible for the £500 payment to care workers announced by the Welsh Government's First Minister on 1 May.

The eligibility criteria for this payment are set out at:

<https://gov.wales/social-care-workforce-special-payment-scheme#section-44398>

If you wish to make a claim for a £500 payment you must have been employed in a qualifying role between 15 March 2020 and 31 May 2020.

If you are eligible you should sign and return the declaration at the bottom of this form.

The payment will be made to you through your employer's payroll. This payment is classified as earnings, and so will be subject to income tax and national insurance. If you are liable to pay tax and national insurance these deductions will be applied to your payment. Further information on income tax and national insurance rates can be found at:

Income Tax <https://www.gov.uk/income-tax-rates>

National insurance <https://www.gov.uk/national-insurance-rates-letters>

As the payment is classified as earnings it will be included in the calculations used to determine any benefits you receive. This includes both universal credit and tax credits as well as other benefits such as housing benefit or income support.

More information on benefits can be found at:

<https://www.gov.uk/browse/benefits/entitlement>

If you are in receipt of benefits we strongly advise you to contact the Department for Work and Pensions (or contact your work coach if you receive universal credit) to properly understand the implications this payment will have for you.

The payment will also be used in the calculation used to determine the repayment of any outstanding student loans.

More information on student loan repayment can be found at:

<https://www.gov.uk/repaying-your-student-loan>

This scheme is intended to provide you with a single £500 payment as soon as possible. However, you may prefer to receive a £100 payment per month over five months. If you would prefer this option please clearly indicate this below. This payment option is only available to you if you are paid monthly, in regular

employment and are still employed by the employer who will make the payment to you.

If for any reason you should receive more than one claim form you should only submit one (informing both employers that you received two forms and you are returning one unsigned). Failure to do so will be considered fraud.

If for any reason you should receive two payments (even if you only submitted one claim form) you should inform your employer(s) and return one of the payments. If for any reason the payments are of different value you should return the one with the lowest value (to you).

In order to administer this payment your employer will need to share some personal information about you with a Local Authority.

### **How your personal information will be used**

If you make a claim for the £500 care worker payment your employer will share information such as your full name, national insurance number, the date payment was made with the Local Authority who are administering the scheme on behalf of Welsh Government.

This information will also be shared with a local authority who will undertake checks to ensure that the scheme has been administered properly, that those who have received payment were eligible to do so and to ensure that no duplicate payments have been made (for example where an employee works for more than one care provider).

If you would like to know more about how your personal information will be used for the purpose of administering the scheme and making the payment to you please speak to your employer.

### **Please sign and date this form below and return it to your employer.**

You can sign an electronic version of this form by typing your name, national insurance number, name of employer and date below and submitting the form from an email address that is held in your name.

### **Declaration**

By signing and returning this form you are agreeing with the following statements:

I would like to claim £500 care worker payment

This is the only claim form I have submitted

If I receive a duplicate payment I will inform my employers

I agree for my employer to provide a local authority with my name and national insurance number for the purposes of making this payment.

Please delete one of the following\*:

I would like to receive this in one £500 payment

I would prefer to receive this in five £100 payments spread over consecutive months.

\*please note the five £100 payment option is only available to staff that are paid monthly and are still working for the employer that is making the payment.

Signed:

Name:

National insurance number:

Name of Employer:

