

## Rate Change Form Instructions

### What is the purpose of this form?

If a Participant/Employer wants to change the rate of pay for an employee, they fill out and submit this form to Public Partnerships.

Changes will not be applied to dates of service already paid. Retroactive payments will not be made.

### How do I complete this form?

- Fill in the Employee's Name, PPL ID, and Social Security Number in the blanks at the top of the page.
- Fill in the Participant's Name and PPL ID.
- Select the service code that this rate change is for (PCA or PCA – GROUP). *If changes need to be made to both rates, you must submit two separate forms.*
- Fill in the CURRENT Rate and provide the End Date (e.g., 09/30/2017)
  - *This rate can be found in the BetterOnline™ web portal.*
- Fill in the NEW Rate and provide a Start Date and End Date (e.g., 10/01/2017 and 10/31/2017)
  - ***If the new rate should be ongoing, leave the End Date blank.***
- If the NEW Rate is only going to be for a short duration, fill in a FUTURE Rate and its associated Start Date.
  - *This will be commonly used if the Participant/Employer is reducing their employee's wages for one month to off-set the cost of a workers' compensation policy purchase/renewal.*
- The Employer Signs and Dates the bottom of the form.

**PCG Public Partnerships** Rate Change Form  
Public Focus. Proven Results.™ New Jersey PPP Program

EMPLOYEE INFORMATION			
Employee's Name:			
Employee's PPL ID:		Social Security Number:	

PARTICIPANT INFORMATION			
Participant's Name:			
Participant's PPL ID:			

SERVICE CODE	
<input type="checkbox"/> PCA	<input type="checkbox"/> PCA - GROUP

PAY RATES			
CURRENT Rate	Pay Rate: \$	End Date:	
NEW Rate	Pay Rate: \$	Start Date:	End Date:
FUTURE Rate	Pay Rate: \$	Start Date:	

The Participant/Employer fills out this form with the Employee, when they wish to make a change to the Employee's pay rate.

- Changes will not be applied to dates of service already paid.
- Retroactive payments will not be made.
- It is the Participant/Employer's responsibility to make sure this form is submitted timely.

Employer Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Public Partnerships LLC NJ DDS PPP – Rate Change Form Version 1.00

EMPLOYEE INFORMATION	
Employee's Name:	
Employee's PPL ID:	Social Security Number:

PARTICIPANT INFORMATION
Participant's Name:
Participant's PPL ID:

SERVICE CODE
<input type="checkbox"/> PCA <input type="checkbox"/> PCA - GROUP

PAY RATES			
CURRENT Rate	Pay Rate:	End Date:	
	\$		
NEW Rate	Pay Rate:	Start Date:	End Date:
	\$		
FUTURE Rate	Pay Rate:	Start Date:	
	\$		

The Participant/Employer fills out this form with the Employee, when they wish to make a change to the Employee's pay rate.

- Changes will not be applied to dates of service already paid.
- Retroactive payments will not be made.
- It is the Participant/Employer's responsibility to make sure this form is submitted timely.

**Employer Name:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_