**Framework Schedule 6 (Order Form Template and Call-Off Schedules)**

**Order Form**

CALL-OFF REFERENCE: TIS0440

THE BUYER: The Insolvency Service

BUYER ADDRESS: 11th Floor, Southern House, Wellesley Road, Croydon CR0 1XN

THE SUPPLIER: Health Assured Ltd

SUPPLIER ADDRESS: The Peninsula, Victoria Place, Manchester M4 4FB

REGISTRATION NUMBER: 06314620

DUNS NUMBER: 10071628

SID4GOV ID: N/A

APPLICABLE FRAMEWORK CONTRACT

This Order Form is for the provision of the Call-Off Deliverables and dated 17 June 2021.

It’s issued under the Framework Contract with the reference number RM6182 for the provision of Employee Assistance Programme (EAP)

CALL-OFF LOT(S):

Lot 3

CALL-OFF INCORPORATED TERMS

The following documents are incorporated into this Call-Off Contract. Where numbers are missing, we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation) RM6182.
3. The following Schedules in equal order of precedence:

* Joint Schedules for RM6182
  + Joint Schedule 2 (Variation Form)
  + Joint Schedule 3 (Insurance Requirements)
  + Joint Schedule 4 (Commercially Sensitive Information)
  + Joint Schedule 10 (Rectification Plan)
  + Joint Schedule 11 (Processing Data)
* Call-Off Schedules for RM6182
  + Call-Off Schedule 1 (Transparency Reports)
  + Call-Off Schedule 2 (Staff Transfer)
  + Call-Off Schedule 3 (Continuous Improvement)
  + Call-Off Schedule 5 (Pricing Details)
  + Call-Off Schedule 7 (Key Supplier Staff)
  + Call-Off Schedule 8 (Business Continuity and Disaster Recovery)
  + Call-Off Schedule 9 (Security) – Part A
  + Call-Off Schedule 10 (Exit Management)
  + Call-Off Schedule 13 (Implementation Plan and Testing)
  + Call-Off Schedule 14 (Service Levels)
  + Call-Off Schedule 15 (Call-Off Contract Management)
  + Call-Off Schedule 20 (Call-Off Specification)

1. CCS Core Terms (version 3.0.8)
2. Joint Schedule 5 (Corporate Social Responsibility) RM6182
3. Call-Off Schedule 4 (Social Value)

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

CALL-OFF SPECIAL TERMS

The following Special Terms are incorporated into this Call-Off Contract:

None

CALL-OFF START DATE: 01/07/2021

CALL-OFF EXPIRY DATE: 30/06/2023

CALL-OFF INITIAL PERIOD: 2 years

EXTENSION PERIOD (OPTIONAL) Two further periods of 12 months each. Buyer to notify Supplier (in writing) at least 3 months in advance of expiry date if either extension period is to be utilised.

CALL-OFF DELIVERABLES

See details in Call-Off Schedule 20 (Call-Off Specification)

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

The Estimated Year 1 Charges used to calculate liability in the first Contract Year is£7,167.60

CALL-OFF CHARGES

[REDACTED]

All changes to the Charges must use procedures that are equivalent to those in Paragraphs 4, 5 and 6 (if used) in Framework Schedule 3 (Framework Prices)

REIMBURSABLE EXPENSES

None

PAYMENT METHOD

BACS

BUYER’S INVOICE ADDRESS:

payments@insolvency.gov.uk

BUYER’S AUTHORISED REPRESENTATIVE

Patricia Ricketts

Commercial Business Partner

Patricia.Ricketts@insolvency.gov.uk

BUYER’S ENVIRONMENTAL POLICY

<https://www.gov.uk/government/publications/25-year-environment-plan>

BUYER’S SECURITY POLICY

<https://www.gov.uk/government/publications/security-policy-framework>

SUPPLIER’S AUTHORISED REPRESENTATIVE

Name: [REDACTED]

Role: [REDACTED]

Email: [[REDACTED]](mailto:Jonathan.Janes@healthassured.co.uk)

Address: Health Assured, The Peninsula, Victoria Place, Manchester M4 4FB

SUPPLIER’S CONTRACT MANAGER

Name: [REDACTED]

Role: [REDACTED]

Email: [REDACTED]

Address: Health Assured, The Peninsula, Victoria Place, Manchester M4 4FB

PROGRESS REPORT FREQUENCY

By the Seventh Working Day of each calendar month

PROGRESS MEETING FREQUENCY

Monthly, to begin with, on the third Thursday of each month. Frequency to be reviewed after six months.

KEY STAFF

Name: [REDACTED

Role: Corporate Relationship Manager

Email: [REDACTED]

Address: Health Assured, The Peninsula, Victoria Place, Manchester M4 4FB

KEY SUBCONTRACTOR(S)

N/A

COMMERCIALLY SENSITIVE INFORMATION

Pricing schedule

SERVICE CREDITS

Service Credits will accrue in accordance with Call-Off Schedule 14 (Service Levels).

The Service Credit Cap is: [REDACTED]

The Service Period is: Monthly

A Critical Service Level Failure is: a failure to meet any of the Critical Service Levels outlined in Call-off Schedule 14 (Lot 3)

ADDITIONAL INSURANCES

Not applicable

GUARANTEE

Not applicable

SOCIAL VALUE COMMITMENT

The Supplier agrees, in providing the Deliverables and performing its obligations under the Call-Off Contract, that it will comply with the social value commitments in Call-Off Schedule 4 (Social Value)

|  |  |  |  |
| --- | --- | --- | --- |
| **For and on behalf of the Supplier:** | | **For and on behalf of the Buyer:** | |
| Signature: | [REDACTED] | Signature: | [REDACTED] |
| Name: | [REDACTED] | Name: | [REDACTED] |
| Role: | [REDACTED] | Role: | [REDACTED] |
| Date: | 29/06/2021 | Date: | 29/06/2021 |