Premier
Financial Management Services

CADDO VDHCBS RELATIONSHIP FORM

Instructions: *Please fill out all of the information in Section 1 and select the correct relationship in Section 2. Both the worker and the Veteran, or the Employer of Record, must sign and date the bottom in order to be considered complete. Please submit the completed form to* **Premier Financial Management Services** *(Premier FMS) via one of the following options below:*

Mail:	**Phone:**	**Email:**	**Fax:**
10425 W North Ave. Suite 345 Milwaukee, WI 53226	(855) 387-1377	caddo@premier-fms.com	(888) 634-8295

SECTION 1:

Worker Name: _____ Date of Birth: ____ / ____ / _____

Veteran Name: _____

Employer of Record Name: _____

SECTION 2: *(Please select your legal relationship to the employer.)*

☐ Parent*±   ☐ Spouse*±   ☐ Stepparent*   ☐ Ex-Spouse

☐ Daughter/Son†   ☐ Grandparent   ☐ Grandchild   ☐ Other: _____

☐ Friend   ☐ Sibling   ☐ Stepchild†

☐ Worker   ☐ Neighbor

* Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for unemployment insurance (FUTA and SUI). If your employment with the employer is terminated, you will not receive unemployment benefits.

± Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and Medicare (FICA), it means you are not earning Social Security work credits.

† Due to your relationship as the child of the employer and current legislation, you are exempt from payroll taxes for State Unemployment Insurance (SUI) until your 18th birthday and Social Security and Medicare (FICA) and Federal Unemployment Tax Act (FUTA) until your 21st birthday.

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. Please be aware that if any changes occur in the relationship you are required to complete a new form and submit the new form to Premier FMS.

Worker Signature: _____ Date: ____ / ____ / _____

Employer Signature: _____ Date: ____ / ____ / _____