



CENTRAL WASHINGTON
DISABILITY RESOURCES
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 Authorized Representative, 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: 10425 W North Ave. Suite 345 Milwaukee, WI 53226

Email: CWDR@premier-fms.com

Fax: (888) 317-3096

SECTION 1:

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

Veteran Name: _____

Authorized Representative 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 SUTA). 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 Social Security and Medicare (FICA) and unemployment insurance (FUTA and SUTA) 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. For any questions or concerns, please contact our office at (888) 623-3907.

Worker Signature: _____ Date: ___ / ___ / _____

Employer Signature: _____ Date: ___ / ___ / _____