Premier
Financial Management Services

MY CHOICE FAMILY CARE 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 participant, or the participant's representative (Legal Guardian or POA), must sign and date the bottom in order to be considered complete. Please submit the completed form to* ***Premier Financial Management Services*** *(PFMS) via one of the following options below:*

Mail:
PO Box 26001
Milwaukee, WI 53226

Drop Off:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
MCFC@premier-fms.com

Fax:
1-855-712-7113

SECTION 1:

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

Participant Name: _____

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

- ☐ Parent*±
- ☐ Spouse*±
- ☐ Stepparent*
- ☐ Ex-Spouse
- ☐ Domestic Partner*∓
- ☐ Grandparent*
- ☐ Grandchild*
- ☐ Other: _____
- ☐ Daughter/Son*±
- ☐ Sibling
- ☐ Stepchild*
- ☐ Friend
- ☐ Neighbor
- ☐ Worker

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

± Due to your relationship with the participant 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.

∓ Per Wisconsin Statute 770.05, Domestic Partnership means you and your same sex partner have filed for Domestic Partnership, and have a certified copy of your Declaration of Domestic Partnership.

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 PFMS.

Worker Signature: _____ Date: ____/____/_____

Participant Signature: _____ Date: ____/____/_____