



RELATIONSHIP FORM

Instructions: Please fill out all of the information in Section 1 and select the correct relationship in Section 2. Both the employee and the employer, or the Authorized Representative, must sign and date the bottom in order to be considered complete. Please submit the completed form to AssuranceSD via one of the following options below:

Mail: 2150 S 1300 E, Suite 500 Salt Lake City, UT 84106

Email: UT@premier-fms.com

Fax: (855) 500-4521

SECTION 1:

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

Employer 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, Self

* 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 AssuranceSD. For any questions or concerns, please contact our office at (855) 355-5363.

Employee Signature: _____ Date: ____/____/____

Employer Signature: _____ Date: ____/____/____