



CENTER FOR INDEPENDENCE – COLORADO
VETERAN CHOICE PROGRAM
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 to be considered complete. Please submit the completed form to PremierFMS via one of the following options:

Mail
10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email
CFI@premier-fms.com

Fax
855.334.3866

SECTION 1:

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

Veteran/Employer Name: _____

Authorized Representative Name: _____

SECTION 2: (Please select your legal relationship to the veteran/employer)

- Parent*± Spouse*± Aunt or Uncle Ex-Spouse
Daughter/Son¥ Grandparent Grandchild Other: _____
Friend Sibling Niece or Nephew
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 PremierFMS. For any questions or concerns, please contact our office at 855.287-6638.

Direct Care Professional/Employee Signature: _____ Date: ____ / ____ / ____

Veteran/Employer Signature: _____ Date: ____ / ____ / ____