

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:

Sui	iii: 5 South 700 East, ite 2B It Lake City, UT 84102			Email: UT@prer	nier-fms.com		Fax: (855) 500-452		
SE	CTION 1:								
Employee Name:						Da	ate of Birth: / /		
Em	ployer Name:								
Aut	thorized Representative Nar	me: _							
SE	CTION 2: (Please select	you	r legal relatioı	nship to t	he 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. 		the en legisla payrol and M paying Medic are no	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:	/	/