

Relationship Disclosure

Attendant Name: _____

Attendant Birth Date: _____ / _____ / _____

Consumer Name: _____

Check your legal relationship to the Consumer. Check one. For example, if the Consumer is your grandmother, you are the Consumer's grandchild.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Parent * ± | <input type="checkbox"/> Spouse * ± | <input type="checkbox"/> Step Child * | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Son/Daughter (under the age of 21) * ± | <input type="checkbox"/> Adopted Child * | <input type="checkbox"/> Grandparent * | |
| <input type="checkbox"/> Son/Daughter (at or over the age of 21) * | <input type="checkbox"/> Step Parent * | <input type="checkbox"/> Grandchild * | |

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

± Due to your relationship with the Consumer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and FICA, it means you are not earning Social Security work credits.

The Consumer lives with the Attendant providing nonmedical care. Yes No

NOTE: It is the Attendant's responsibility to notify iLIFE should his or her living situation change by submitting a Status Change Form.

By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession.

Attendant Signature: _____ Date: _____

Consumer Signature: _____ Date: _____