



Choice. With Confidence.

## Relationship Disclosure Instructions

**Purpose of form:** The Relationship Disclosure is used to collect information regarding the Attendant's relationship to the Consumer for tax purposes.

### Instructions

1. Write the Attendant's name.
2. Write the Attendant's birth date.
3. Write the Consumer's name.
4. Check the Attendant's legal relationship to the Consumer.
  - a. Check only one.
  - b. If the Attendant has no relationship to the Consumer, check "None of these."
  - c. If the relationship you check has a symbol (such as \* or ±) after it, please read the corresponding text to understand what taxes will or will not be withheld from your pay.
5. For the question, check Yes or No.
6. The Attendant signs his or her name. Write today's date.
7. The Consumer signs his or her name. Write today's date.



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### Sample Relationship Disclosure

Attendant Name: Jane Doe 1. Write Attendant name.

Attendant Birth Date: MM / DD / YYYY 2. Write Attendant birth date.

Consumer Name: John Doe 3. Write Consumer name.

Check your legal relationship to the Consumer. Check one. For example, if the Consumer is you are the Consumer's grandchild. 4. Check Attendant's legal relationship to Consumer.

- Parent \* ±
- Spouse \* ±
- Step Child \*
- None of these
- Son/Daughter (under the age of 21) \* ±
- Adopted Child \*
- Grandparent \*
- Son/Daughter (at or over the age of 21) \*
- Step Parent \*
- 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 5. Check Yes or 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. 6. Attendant signs and dates.

Attendant Signature: Jane Doe Date: MM/DD/YY

Consumer Signature: John Doe Date: MM/DD/YY

7. Consumer signs and dates.