

Relationship Disclosure Form

Employee Name: _____

Employee Date of Birth: ____/____/____

Employer/Client Name: _____

Check one box to indicate your legal relationship to the Employer/Client. For example, if the Employer/Client is your grandmother, you are the Employer/Client's grandchild.

- | | | |
|---|--|--|
| <p>Relative (Biological)</p> <p><input type="checkbox"/> Parent*±</p> <p><input type="checkbox"/> Son/Daughter (over 21)*</p> <p><input type="checkbox"/> Son/Daughter (under 21) *±</p> <p><input type="checkbox"/> Grandparent *</p> <p><input type="checkbox"/> Grandchild *</p> <p><input type="checkbox"/> Adopted Child*</p> <p>Adoption Date: _____</p> <p>Other Relative (Biological)</p> <p><input type="checkbox"/> Brother/Sister</p> <p><input type="checkbox"/> Uncle/Aunt</p> <p><input type="checkbox"/> Nephew/Niece</p> <p><input type="checkbox"/> Cousin</p> | <p>Relative (By Marriage or Partnership)</p> <p><input type="checkbox"/> Spouse*±</p> <p><input type="checkbox"/> Domestic Partner*‡</p> <p>Marriage Date: _____</p> <p>Other Relative (By Marriage or Partnership)</p> <p><input type="checkbox"/> Step Parent*</p> <p><input type="checkbox"/> Step Child*</p> <p><input type="checkbox"/> Step Grandchild</p> <p><input type="checkbox"/> Step Brother/Sister</p> <p><input type="checkbox"/> Parent-in-Law</p> <p><input type="checkbox"/> Child-in-Law</p> <p><input type="checkbox"/> Brother-in-Law/Sister-in-Law</p> | <p>Non-Related Relationships</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Neighbor</p> <p><input type="checkbox"/> Worker</p> <p><input type="checkbox"/> Ex-Husband/Ex-Wife</p> <p>Divorce Date: _____</p> |
|---|--|--|

* Due to your relationship with the Employer/Client and current legislation, you are exempt from payroll taxes for unemployment insurance (SUTA). If your employment with the Employer/Client is terminated, you will not receive unemployment benefits. Any applicable exemptions cannot be waived.

± Due to your relationship with the Employer/Client 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. Any applicable exemptions cannot be waived.

‡ Per Wis. Statute 770.05, Domestic Partnership means you and your same sex partner have filed for Domestic Partnership, and have a certified copy of your Declaration of Domestic Partnership.

Residency Disclosure

Yes No Does the Employer/Client receiving nonmedical care live in the Employee's home?

NOTE: It is the Employee's responsibility to notify iLIFE should their living situation change.

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

Employee Signature: _____ Date: _____

Employer/Client Signature: _____ Date: _____