

ACES\$ MCC of VA Commonwealth Coordinated Care Plus Program

Employee/Member Relationship and Residence Disclosure (EMRRD)

EMPLOYEE/MEMBER RELATIONSHIP DISCLOSURE

Attendant Name <i>First Name, Last Name (Print)</i>			Attendant SSN <i>(Print)</i>	
Employer of Record (EOR) Name <i>First Name, Last Name (Print)</i>				
Member Name <i>First Name, Last Name (Print)</i>				
Attendant Relationship to Member				

RESIDENCE AND OVERTIME DISCLOSURE

Attendant Instructions: Please answer the questions below.

1. Do you live in the same household as the Member <u>and</u> are you using the Live-in Exemption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you primarily provide companionship services and use the companionship exemption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you live full-time in the same household as the Member <u>and</u> have no other residence where you live, even if only part time? <i>Please Note: An attendant may be exempt from select IRS regulations if certain conditions are met.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RELATIONSHIP/RESIDENCE/OVERTIME ACKNOWLEDGMENT

I attest the relationship, residence, and overtime disclosures defined above are accurate. This may show that the Attendant and Employer are exempt from some taxes and some Department of Labor regulations.

If these relationships change, the Attendant **must** notify ACES\$ within 5 days of the change. If ACES\$ is not notified of changes, the Attendant may have to pay back money that should have been withheld from pay.

Attendant Signature: _____

Date: _____