



## ACES\$ MCC of VA Commonwealth Coordinated Care Plus Program Employee/Employer Relationship Disclosure Form (EERD)

Employer:

<b>Attendant Name</b> <small>First Name, Last Name (Print)</small>			<b>Attendant SSN</b> <small>(Print)</small>	
<b>Employer of Record (EOR) Name</b> <small>First Name, Last Name (Print)</small>				
<b>Member Name</b> <small>First Name, Last Name (Print)</small>				

### BACKGROUND

Employees providing domestic services, such as personal care, may be exempt from some payroll taxes. This is based on the Attendant's age and relationship to the Employer of Record (EOR). ACES\$ will apply any exemptions based on the relationships identified below. **Incorrectly filling out this form may result in inaccurate tax withholdings.**

Attendants that live under the same roof as the Medicaid Consumer may be exempt from overtime regulations.

### RELATIONSHIP DETERMINATION

**Attendant Instructions:** Please answer the questions below.

Are you related by blood, marriage or adoption to the Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the Child of the Employer and are <b>you less than 21</b> years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the Child of the Employer and are you <b>21 years of age or older</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the spouse of the Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the parent of the Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Employer your aunt, uncle, sibling, grandparent, grandchild, or other relative not specifically listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Important Notes:

- If the Attendant and EOR qualify for tax exemptions, they must be taken. Exemptions cannot be waived.
- If the Attendant's earnings are exempt from these taxes, they may not qualify for related benefits. An example is unemployment insurance.
- Exemptions are based on the relationship between the attendant and Employer. The Consumer may or may not be the Employer.

### RELATIONSHIP/RESIDENCE ACKNOWLEDGMENT

We attest the relationships defined above are accurate. This may show that the Attendant and Employer are exempt from some taxes. 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: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_