



Eligibility Verification Request Form

Submit to: as.employeebenefits@nebraska.gov

Teammate:

_____	_____	_____
First Name	MI	Last Name
_____	_____	_____
Employee ID	Agency	Work Email

Child of Teammate:

_____	_____	_____
First Name	MI	Last Name
Legal Relationship to Teammate _____	Date of Birth _____	

My child is not currently enrolled in or attending high school.

Community College Student ID number _____	
Community College(s): and campus	
Western Nebraska CC _____	Central CC _____
Mid-Plains CC _____	Southeast CC _____
NortheastCC _____	Metro CC _____

Supporting Document(s) Submitted:

Birth Certificate
 Adoption Records
 Other _____

For DAS State Personnel Office Use Only:

Received ___/___/___	Eligible? Y / N
Processed by _____	Date ___/___/___
Comments:	