

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 _____	
Community College Student ID number _____		
Community College(s): and campus		
<input type="checkbox"/> Western Nebraska CC _____	<input type="checkbox"/> Central CC _____	
<input type="checkbox"/> Mid-Plains CC _____	<input type="checkbox"/> Southeast CC _____	
<input type="checkbox"/> Northeast CC _____	<input type="checkbox"/> 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:	