

Eligibility Verification Request Form

Submit to: as.employeebenefits@nebraska.gov

Teammate:

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

Child of Teammate:

_____	_____	_____
First Name	MI	Last Name

Legal Relationship to Teammate _____ Date of Birth _____

Supporting Document(s) Submitted:

- Birth Certificate
- Adoption Records
- Other _____

For DAS State Personnel Office Use Only:

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