

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 _____
 Mid-Plains CC _____
 Northeast CC _____

- Central CC _____
 Southeast CC _____
 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: