

**Eligibility Verification Request Form**

**Submit to:** [as.employeebenefits@nebraska.gov](mailto: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:

Revised 02/2023