

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

<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:	