

### Eligibility Verification Request Form

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