



## Eligibility Verification Request Form

Submit to: as.employeebenefits@nebraska.gov

<u>Teammate</u> :		
First Name	MI	Last Name
Employee ID Agency		Work Email
Child of Teammate:		
First Name	MI	Last Name
Legal Relationship to Teammate	<b>;</b>	Date of Birth
My child is not currently enr	olled in or atte	nding high school.
Community College Student ID num Community College(s): and campus Western Nebraska CC Mid-Plains CC NortheastCC Supporting Document(s) Su	s 	Central CC Southeast CC Metro CC
Birth Certificate Adoption Records Other		
For DAS State Personnel Office	Use Only:	
Received//	Eligible? Y /	′ N
Processed by		Date/
Comments:		

Revised 02/2023