



DEPENDENT INFORMATION REQUEST FORM

To add a dependent to your coverage, you must submit the Dependent Information Request Form and the dependent verification documents. All dependent information must be received in your Campus Benefits Office within 31 days from date of hire, benefits eligibility date or Permitted Election Change Event. If you do not deliver the properly completed documents within 31 days, the dependent will be considered a late enrollee and benefits will not be provided until the next annual NUFlex enrollment.

The following documentation is required to support dependent eligibility. Dependent verification documentation requirements are available at www.nebraska.edu/benefits.

- Spouse: Marriage Certificate AND copy of the front page of your most current filed federal tax return or financial document
Child: Birth Certificate (The above website provides additional documentation requirements for a stepchild or legal guardian.)

An eligible dependent for the University of Nebraska medical, dental and vision care insurance plan includes:

Your spouse:

- Husband or wife, as recognized under the laws of the state of Nebraska
Common-law spouse if your common-law marriage was contracted in a jurisdiction recognizing a common-law marriage

Your dependent children as defined below:

- Natural-born or legally adopted child who has not reached the limiting age of 26
Stepchild who has not reached the limiting age of 26
Child for whom the employee has legal guardianship and who has not reached the limiting age of 26
Child with a mental or physical disability who has attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26

EMPLOYEE: Name Last First MI University ID Number (located on pay advice)

SPOUSE: Name Last First MI Gender: M F
Date of Birth: / / Social Security Number: (REQUIRED)
Coverage Enrolled For: Medical Dental Vision
For Campus Use Only: Spouse: Marriage Certificate AND financial document

DEPENDENT CHILD NO. 1: Name Last First MI Gender: M F
Date of Birth: / / Social Security Number: (REQUIRED)
Coverage Enrolled For: Medical Dental Vision
Relationship to You: Natural-born or Legally Adopted Stepchild Legal Guardian
For Campus Use Only: Child: Birth Certificate Other

Additional Dependent Children may be added on the back of this form.

I certify the statements on this form are true and any intentional misrepresentation is grounds for disciplinary action including potential termination of employment.

Employee Signature

Date

DEPENDENT CHILD NO. 2: Name: _____ Gender: M F
Last First MI
Date of Birth: __/__/____ Social Security Number: ____-____-____ (REQUIRED)
Month Day Year
Coverage Enrolled For: Medical _____ Dental _____ Vision _____
Relationship to You: Natural-born or Legally Adopted _____ Stepchild _____ Legal Guardian _____
For Campus Use Only: Child: Birth Certificate _____ Other _____

DEPENDENT CHILD NO. 3: Name: _____ Gender: M F
Last First MI
Date of Birth: __/__/____ Social Security Number: ____-____-____ (REQUIRED)
Month Day Year
Coverage Enrolled For: Medical _____ Dental _____ Vision _____
Relationship to You: Natural-born or Legally Adopted _____ Stepchild _____ Legal Guardian _____
For Campus Use Only: Child: Birth Certificate _____ Other _____

DEPENDENT CHILD NO. 4: Name: _____ Gender: M F
Last First MI
Date of Birth: __/__/____ Social Security Number: ____-____-____ (REQUIRED)
Month Day Year
Coverage Enrolled For: Medical _____ Dental _____ Vision _____
Relationship to You: Natural-born or Legally Adopted _____ Stepchild _____ Legal Guardian _____
For Campus Use Only: Child: Birth Certificate _____ Other _____

DEPENDENT CHILD NO. 5: Name: _____ Gender: M F
Last First MI
Date of Birth: __/__/____ Social Security Number: ____-____-____ (REQUIRED)
Month Day Year
Coverage Enrolled For: Medical _____ Dental _____ Vision _____
Relationship to You: Natural-born or Legally Adopted _____ Stepchild _____ Legal Guardian _____
For Campus Use Only: Child: Birth Certificate _____ Other _____

Additional Dependent Information Request Forms are available on the University of Nebraska benefits webpage at www.nebraska.edu/benefits.