



EMPLOYEE PLUS ONE
DEPENDENT INFORMATION REQUEST FORM

To add an Adult Designee and/or dependent child(ren) to your coverage, you must submit the Employee Plus One Dependent Information Request Form and the dependent verification documents. All dependent information and documentation 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.

Dependent verification documentation requirements are available at www.nebraska.edu/benefits.

EMPLOYEE: Name Last First MI University ID Number

ADULT DESIGNEE: Name Last First MI Gender: M F
Date of Birth: Month Day Year Social Security Number: (REQUIRED)
Coverage Enrolled For: Medical Dental Vision
For Campus Use Only: IRS Form OR Financial Documents

DEPENDENT CHILD NO. 1: Name Last First MI Gender: M F
Date of Birth: Month Day Year Social Security Number: (REQUIRED)
Coverage Enrolled For: Medical Dental Vision
Relationship to Employee: Natural-born or Legally Adopted Stepchild Legal Guardian
Relationship to Adult Designee: Natural-born or Legally Adopted 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

Adult Designee Signature

Date

