

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

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.