

EMPLOYEE INFORMATION:

Employee Name (Last, First, MI): _____ NU ID: _____
Date of Birth: ____/____/____ Social Security Number: ____-____-____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____

ADULT DESIGNEE INFORMATION:

Adult Designee Name (Last, First, MI): _____ NU ID: _____
Date of Birth: ____/____/____ Social Security Number: ____-____-____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Tax Dependent: Yes ___ No ___

ADULT DESIGNEE DEPENDENT CHILD INFORMATION: List only child(ren) of the Adult Designee. Indicate whether the child(ren) is an IRC dependent of the employee for federal income tax purposes and is eligible for federally tax-favored benefits.

Name (Last, First, MI): _____ SSN: ____-____-____ Tax Dependent: Yes ___ No ___
Name (Last, First, MI): _____ SSN: ____-____-____ Tax Dependent: Yes ___ No ___
Name (Last, First, MI): _____ SSN: ____-____-____ Tax Dependent: Yes ___ No ___
Name (Last, First, MI): _____ SSN: ____-____-____ Tax Dependent: Yes ___ No ___

CERTIFICATION

I have read the Employee Plus One Benefits Eligibility and Taxation Summary at www.nebraska.edu/benefits and, based on any consultation with a tax advisor I deem necessary, I certify that the previously named person(s) whom I am enrolling for coverage is or is not my federal tax dependent under the IRC as described above. I understand that falsely certifying dependency could result in disciplinary action (including termination), as well as potential charges of tax fraud. I further agree to immediately notify the University or my Employer, as applicable, in writing of any change in status that disqualify as my federal tax dependent for health coverage purposes. I agree to reimburse the University and my Employer, as applicable, for any and all taxes, penalties, or other losses (including reasonable attorneys' fees) that the University or my Employer, as applicable, may incur as a result of its reliance on this Certification if it is untrue or incorrect in any respect, or if I fail to provide the notice required