

**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](http://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 would disqualify me 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.