

Dependent Child Form for Children Age 26-29* for Nebraska LB 551

***Children 19-25 do not have to complete this form (see bottom of this form)**

Employee's Information			
Name(Print): First Last		Social Security Number:	
Address: Street City ST Zip Code		Department:	
Dependent Information			
Name(Print): First Last		Social Security Number:	
Address: Street City ST Zip Code		Date of Birth:	Circle One: Male Female
Marital Status (Circle One): Single Married	Is dependent permanently residing in employee's household (circle one)? Yes No	Percentage of time dependent is living with the employee: _____ %	
School Information			
Name of School:		Address of School: Street City ST Zip Code	
Number of Credit Hours:		Major:	
Employer Information			
Is the dependent working? Yes No		Number of hours worked per week:	
Name of Dependent's Current Employer:		Employer's Address: Street City ST Zip Code	Employer's Phone Number:
Does the dependent have an option to choose health insurance through their employer? Yes No		Does the dependent currently have health insurance through their employer? Yes No	
I know it is a crime to fill out this form with facts I know are false or to leave out facts I know are important. I understand that any information that I knowingly did not provide can cause my dependent's claims to be delayed or denied.			
Employee's Signature:			Date:

This form is not required for children under 26.

Children age 19 up to their 26 birthday are automatically eligible under the Health Care Reform (as long as they cannot get insurance through their own employer). All children age 19-29 that are eligible for insurance through their employer must elect their employer's plan even if it is more expensive than their parent's plan.