

**CITY OF LINCOLN/LANCASTER COUNTY  
DEPENDENT INFORMATION REQUEST FORM**

To add a dependent to your medical, dental, vision, or life insurance coverage, you must submit this form and dependent verification documents with the employee enrollment form to the Lincoln/Lancaster County Personnel Department within 31 days from your date of hire, benefits eligibility date, or qualifying event. If you do not deliver the properly completed documents within 31 days, your dependent will be considered a late enrollee and benefits will not be provided until the next annual open enrollment period.

The following documents are required to verify dependent eligibility.

- Spouse: Marriage Certificate *AND* a copy of the front of your most currently filed joint federal tax return or other joint financial document
- Child: Birth Certificate (Additional documentation is required for a stepchild or legal guardian)

An eligible dependent for the City of Lincoln/Lancaster County medical, dental, vision and life insurance plan includes:

Your spouse:

- Husband or wife, as recognized under the laws of the state of Nebraska

Your dependent children as defined below:

- Natural-born or legally adopted child to age 26 (or other than health, age 19, or 24 if a full time student)
- Stepchild who has not reached the age of 26 (or other than health, age 19, or 24 if a full time student)
- Child for whom the employee has legal guardianship and who has not reached the age of 26 (or other than health, age 19, or 24 if a full time student)
- Child with a mental or physical disability who has reached the age of 26 may continue coverage, if proof of disability is provided (or other than health, age 19, or 24 if a full time student)

<b>EMPLOYEE: Name:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Last</span> <span>First</span> <span>MI</span> </div>	<b>Social Security Number:</b> ____-____-____ <div style="text-align: right; font-size: small;">(REQUIRED)</div>
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<b>SPOUSE: Name:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Last</span> <span>First</span> <span>MI</span> </div>	<b>Gender:</b> M    F
<b>Date of Birth:</b> ____/____/____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<b>Social Security Number:</b> ____-____-____ (REQUIRED)
<b>Coverage Enrolled For:</b> Medical ____ Dental ____ Vision ____ Life ____	
<i>For Internal Use Only: Spouse: Marriage Certificate</i> ____ <i>AND</i> <i>Financial document</i> ____	
<b>Reviewed by</b> _____	

<b>DEPENDENT CHILD NO. 1: Name:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Last</span> <span>First</span> <span>MI</span> </div>	<b>Gender:</b> M    F
<b>Date of Birth:</b> ____/____/____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<b>Social Security Number:</b> ____-____-____ (REQUIRED)
<b>Coverage Enrolled For:</b> Medical ____ Dental ____ Vision ____ Life ____	
<b>Relationship to You:</b> Natural-born or Legally Adopted ____    Stepchild ____    Legal Guardian ____	
<i>For Internal Use Only: Child: Birth Certificate</i> ____ <i>Other</i> ____	
<b>Reviewed by</b> _____	

**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

EMPLOYEE NAME: \_\_\_\_\_  
Last First MI

**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 \_\_\_\_ Life \_\_\_\_

Relationship to You: Natural-born or Legally Adopted \_\_\_\_ Stepchild \_\_\_\_ Legal Guardian \_\_\_\_

*For Internal Use Only:* Child: Birth Certificate \_\_\_\_ Other \_\_\_\_ Reviewed by \_\_\_\_\_

**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 \_\_\_\_ Life \_\_\_\_

Relationship to You: Natural-born or Legally Adopted \_\_\_\_ Stepchild \_\_\_\_ Legal Guardian \_\_\_\_

*For Internal Use Only:* Child: Birth Certificate \_\_\_\_ Other \_\_\_\_ Reviewed by \_\_\_\_\_

**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 \_\_\_\_ Life \_\_\_\_

Relationship to You: Natural-born or Legally Adopted \_\_\_\_ Stepchild \_\_\_\_ Legal Guardian \_\_\_\_

*For Internal Use Only:* Child: Birth Certificate \_\_\_\_ Other \_\_\_\_ Reviewed by \_\_\_\_\_

**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 \_\_\_\_ Life \_\_\_\_

Relationship to You: Natural-born or Legally Adopted \_\_\_\_ Stepchild \_\_\_\_ Legal Guardian \_\_\_\_

*For Internal Use Only:* Child: Birth Certificate \_\_\_\_ Other \_\_\_\_ Reviewed by \_\_\_\_\_

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

## **Dependent Verification Documentation Requirements for the Medical and Dental Insurance Plans**

To add a dependent to your coverage, you must submit the City of Lincoln/Lancaster County Dependent Information Request Form and the dependent verification documents. These valid documents are listed below.

All dependent information must be received by the Lincoln/Lancaster County Personnel Department within 31 days from your date of hire, benefits eligibility date, or qualifying event. If you do not deliver the properly completed documents within 31 days, your dependent will be considered a late enrollee and benefits will not be provided until the next annual open enrollment.

Listed below are the documents that you must submit for each dependent you are adding to your coverage. All required documentation must include the date and/or year, employee name, and dependent's name. **Note: You may cover up the financial information on the documents, such as your income, details on a bank statement, etc.**

### **FOR SPOUSE: Provide copies of 2 forms of documentation listed below.**

- A copy of your state or county-issued marriage certificate. (**PLEASE NOTE:** If your marriage certificate is written in a language other than English, you **MUST** include a copy of an official translation of the document along with a copy of the marriage certificate).

#### **AND**

- A copy of financial documentation dated within the last 6 months establishing current relationship status such as:
  - A joint household bill, or a household bill for the employee and one for the spouse with a current date and the same address or
  - A joint bank/credit account or
  - A joint mortgage/lease or
  - Insurance policies or
  - Front page of your current filed federal tax return confirming your spouse as a dependent

**Note: You may cover up the financial information on the documents, such as your income, details on a bank statement, etc.**

### **FOR CHILDREN:**

- A copy of the child's birth certificate, naming you as the child's parent, or appropriate court order/adoption decree naming you as the child's legal guardian. (**PLEASE NOTE:** If this birth certificate is written in a language other than English, you **MUST** include a copy of an official translation of the document along with a copy of the birth certificate).

**FOR STEPCHILDREN/LEGAL GUARDIAN: Provide copies of 2 forms of documentation listed below.**

- A copy of the child's birth certificate, naming your spouse as the child's parent, or appropriate court order/adoption decree naming your spouse as the child's legal guardian. **(PLEASE NOTE: If this birth certificate is written in a language other than English, you MUST include a copy of an official translation of the document along with a copy of the birth certificate).**

**AND**

- A copy of your state or county-issued marriage certificate. **(PLEASE NOTE: If your marriage certificate is written in a language other than English, you MUST include a copy of an official translation of the document along with a copy of the marriage certificate).**