UNIVERSITY OF NEBRASKA AFFIDAVIT OF EMPL**©**YFLUS ONE RELATIONSHIP

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	•		•	te the Tax Qualific d Adult Designee i	•

x Durable power of attorney for purposes of healthcare or financial management providing that the employee and Adult **Dresigngra**nted powers to one another

CHANGE IN EMPLOYEE PLUS ONE RELATIONSHIP

- 1) We agree to notify the University of Nebraska or, if applicable, the Employee's Employee's Employeequired by thisection if there is any change in statusof the Adult Designee or the Adult Designee's dependent children as attested to inflibitaviat (for example, death of the employee or Adult Designee, a change in joinstidence, termination of the relationshiptoe). Such a change ill likely make the Adult Designee and/or any of his/her dependent ineligible for the University of Nebraska benetitsgrams.
- 2) We will notify the University of Nebraska or, if applicable, the Employee's Empliony writing within thirty-one (31) days of such change in status of the Adult Designee and/or of the Adult Designee's depender it (ren) by submitting a Termination of Employee Plus One Relationship Termination of Ta Qualified Dependent Status Form to the Campus Benefits We understand that coverage under University of Nebraska benefits program will be terminated on the last day of the month foll the integrate of the Adult Designee's or of the Adult Designee's dependent child (ren)'s change in status.

ACKNOWLEDGEMENTS

- We have read and understand the eligibility requirements, employee responsibilities, and tax information described in the Employee Plus One Benefits Eligibility and Taxation Summary.
- 2) We have been advised to consult with an attorney regarding the legal consequences of signing this declaration; for example, whether this document can be used by creditors to hold the Adult Designee or employee responsible for the debts of the other or whether the Adult Designee or employee may use this document