



TERMINATION OF EMPLOYEE PLUS ONE RELATIONSHIP FORM/
TERMINATION OF TAX- FAo n (otP)]T.(iF7)Tj fy 4 EMC / <<032.67 <<[(Q)

_____ (date) the person (or persons) designated above no longer qualifies as my federal tax dependent under the Internal Revenue Code. Failure to notify the University of Nebraska or my Employer, as applicable, within 31 days of the date of the dependent's change in status may result in disciplinary action (including termination of my employment). I understand that my failure to provide notice of a dependent's change in federal tax dependent status may result in liability for taxes, penalties, or other losses (including reasonable attorneys' fees) that the University of Nebraska or my Employer, as applicable, may incur as a result of my failure to provide notification of my dependent's change in status. I further understand that my dependent's eligibility for University of Nebraska sponsored benefits ends on the date the dependent no longer meets the University of Nebraska's eligibility requirements as outlined at www.nebraska.edu/benefits. I certify that the information supplied on this form is true and complete, and I understand that any false information or statements made on this form will be grounds to void my coverage and/or terminate my employment.

Employee Signature: _____ Date: ____/____/____