

# STUDENT CERTIFICATION FORM FOR GROUP ACCOUNTS

## Requirements for dependent *student* coverage:

- Age limitations are determined by the employer or trust fund.
- Must be unmarried.
- Must be dependent upon subscriber for support.
- Must be enrolled in an accredited institution.
- Units required are determined by the employer or trust fund.

**Employee:** Please complete and return this form in the enclosed reply envelope.

**Employer or Trust Fund:** If Kaiser Permanente certifies your students, return this form to your membership document address.

|                        |                                    |
|------------------------|------------------------------------|
| Dependent's name       | Dependent's medical record number  |
| Dependent's birth date | Dependent's Social Security number |
| School name            |                                    |
| School address         | City, State, ZIP code              |
| Student ID number      | Number of units carried            |

**Student on a medical leave of absence:** If you are asked to submit a *Student Certification Form* to Kaiser Permanente, and the student is on a physician-certified medical leave of absence, indicate below the date the leave began, and attach the physician certification documentation.

\_\_\_\_\_ Date student's leave began

I certify that the dependent shown above meets all of the requirements for coverage on my account as a full-time student. I understand the coverage for this dependent will terminate on the first day of the month following the date that any one of the above listed requirements is no longer met.

|   |                                    |
|---|------------------------------------|
| <b>X</b><br>Subscriber's signature ( <b>Use black ink only.</b> ) | _____ Date                         |
| Subscriber's name   | Subscriber's medical record number |
| Subscriber's Social Security number                               | Purchaser ID number                |