



Student Certification Form for Direct Pay Accounts

Requirements for dependent **student** coverage:

- Must be under 23 years of age.
- Must be unmarried.
- Must be dependent upon subscriber for support.
- Must be enrolled in an accredited institution.
- Must be a full-time student.

Subscriber: Please complete and mail this form to:

Kaiser Permanente
 California Service Center
 P.O. Box 23059
 San Diego, CA 92193-3059

Or, if you prefer, you may fax this form to:
858-614-3344

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.

Subscriber's Signature

Date

Subscriber's Name

Subscriber's Medical Record Number

Subscriber's Social Security Number

Purchaser ID Number