

## 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.

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Dependent's Name

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Dependent's Medical Record Number

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Dependent's Birth Date

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Dependent's Social Security Number

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School Name

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School Address

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City, State, ZIP Code

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Student ID Number

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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.

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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.

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Subscriber's Signature

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Date

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Subscriber's Name

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Subscriber's Medical Record Number

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Subscriber's Social Security Number

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Purchaser ID Number