

STUDENT CERTIFICATION FORM FOR GROUP ACCOUNTS

Requirements for dependent **student** coverage:

- Student may not be older than 23 years of age.
- Must be unmarried.
- Must be dependent upon employee for support.
- Must be enrolled in an accredited institution.
- Units required are determined by the employer.

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

Employer: 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
Number of units carried	Student ID number

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.

X	_____
Employee's signature (Use black ink.)	Date
Employee's name	Employee's medical record number
Employee's Social Security number	Group number

