



# 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