

# STUDENT CERTIFICATION FORM



**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE ADDRESS BELOW.**

In order for any dependent over the age of 19 to continue coverage on their subscriber's plan, that dependent must meet the requirements listed below:

- Must be a full-time (12 credit hours) student enrolled in an accredited institution.
- Must be dependent upon subscriber for support.
- Must be unmarried.
- Must be less than 24 years of age.

Dependent's name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Kaiser Permanente ID number: \_\_\_\_\_

Name of school/college/university: \_\_\_\_\_

Number of credit hours: \_\_\_\_\_ Student ID number: \_\_\_\_\_

**This is to certify that:**

\_\_\_\_\_ **meets all student requirements listed above.**  
(student/dependent name/ please print)

SUBSCRIBER'S NAME (PLEASE PRINT): \_\_\_\_\_

SUBSCRIBER'S SIGNATURE: \_\_\_\_\_

DATE (mm/dd/yyyy): \_\_\_\_\_

Please return the completed form to:

**Kaiser Permanente  
P.O. Box 921010  
Ft. Worth, TX 76121-1010**