



# Student/Dependent Access Certification Form

Please print one form for each eligible member.

Subscriber Name \_\_\_\_\_ Subscriber HRN \_\_\_\_\_

Subscriber Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Student Information

Student attending college in a non KP service area or a student attending college in Northern Colorado, Southern Colorado or Mountain Colorado.

Student Name \_\_\_\_\_

Student HRN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

By signing below, I certify that I or my student is attending college at the above named school.

Subscriber Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## Dependent Access (Non-Student)

Member (not subscriber) is covered by the subscriber but does not reside with subscriber and resides in another KP Colorado Service area and eligible for care in that service area.

Member name \_\_\_\_\_

Member HRN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Service area Member resides. (check box that applies)

Denver/Boulder \_\_\_ Southern Colorado \_\_\_ Northern Colorado \_\_\_ Mountain Colorado \_\_\_

By signing below, I certify that the information contained in this form is accurate to the best of my knowledge.

Subscriber Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Once completed and signed, please mail, fax or email form(s) to:

Kaiser Permanente Membership Administration

2530 S Parker Rd Suite 350, Aurora CO 80014

Fax Number: 303-306-2626 or E-mail: [CO-MA-OOA-DP-FORM@kp.org](mailto:CO-MA-OOA-DP-FORM@kp.org)

### To be completed by Kaiser Permanente:

2016\_OOACert\_V1

Date received \_\_\_\_\_ Date updated \_\_\_\_\_ Group# \_\_\_\_\_ SG# \_\_\_\_\_

OOA Code Used \_\_\_\_\_ Effective Date \_\_\_\_\_ Visiting Member Yes \_\_\_ No \_\_\_ State \_\_\_\_\_

Completed by \_\_\_\_\_ Denial Codes D1 \_\_\_\_\_ D2 \_\_\_\_\_ D3 \_\_\_\_\_ D4 \_\_\_\_\_ D5 \_\_\_\_\_