

## **KAISER PERMANENTE BRIDGE PROGRAM**

### **Supporting Documentation Checklist**

Applicant name: \_\_\_\_\_ Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_

- **Completed KPIF Application**
- **Completed Community Benefit Subsidy Application**
- **Proof of ID** (*drivers license, photo id or passport*)
- **Proof of Residency** (*if address different from ID, provide current utility bill, lease or mortgage coupon*)
- **Proof of Income** (*you and your spouse/dependents\**)
  - Employed (**most recent FOUR WEEKS** of pay stubs or official statement from employer **for ALL jobs**)
  - Unemployment compensation (*most recent Dept. Of Labor letter indicating tier of support & gross benefit*)
  - Child/Spousal support (*provide documentation or written note if child(ren) in household and no support*)
  - Social Security Award Letter
  - Other proof of income assistance (*family support, student aid such as Pell Grant 'Refund', etc.*)
- **If self employed, please provide Business Record** (*QuickBooks, Income vs. Expense Statement*) for **LAST THREE months** (*Profit vs. Loss Statement form available, if needed*)
  - **Copies of LAST TWO (complete months) bank statements for all business accounts** (*checking & savings, accounts for you & spouse/dependents*)
- **If you and/your spouse are currently without income (\$0 income into the household) – provide last date of employment and a written statement of how you are maintaining your household**
- **Additional Comments**
- **Signature** (*must be signed by ALL adults requesting coverage – subscriber, spouse & all dependents, age 18-26*) on KPIF Application pg. 5 and Community Benefit Subsidy Application pg. 6 (2 places by Applicant)
- **Verification/Attestation Letter** (*to be provided by community partner*)

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If you are applying for the Bridge Program outside of the Open Enrollment Period (October 1, 2013 – March 31, 2014), please include Required Documents:

- **Proof of Qualifying Event** (*marriage license, termination letter from employer, loss of eligibility from program such as PeachCare for Kids, etc.*)

**The Third Party Administrator will verify any prior membership in the Bridge Program and reserves the right to request additional documents to verify eligibility.**

\* "Dependents" shall mean, the Subscriber's spouse and/or child dependent(s) up to age of 26 (ending at the end of the month of the 26<sup>th</sup> birthday).

**FAX: 1-866-449-4921 OR EMAIL: jill.george@kp.org BY: \_\_\_\_\_**

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