

Kaiser Permanente Bridge Program

Keeping communities healthy

Supporting Documentation Checklist

Applicant Name: _____

- Completed KPIF Application**
- Completed Community Benefit Subsidy Application**
- Proof of ID** (*driver's license, photo id or passport*)
- Proof of Residency** (*if address in application is different from ID, provide current utility bill, lease or mortgage coupon*)
- Proof of Income** (*you and your spouse/dependents**)
 - Employed (*last 3 pay stubs, W-2 forms or wage and/or tax statements **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 page 1 of your Form 1040 (highlight adjusted gross income) from last year's federal income tax return or complete the Kaiser Permanente Profit & Loss Statement form (available upon request).**
- If you and/or your spouse are currently without income – provide last date of employment and a signed Declaration of Zero Income Affidavit**
- If dependent is a domestic partner, complete Domestic Partnership Affidavit**
- Community Partner Verification Letter** (*to be provided by community partner*)

Additional Comments

- Signature** on KPIF Application pg. 5 (*must be signed by **ALL** adults requesting coverage – subscriber, spouse & all dependents 18 or over*) and Community Benefit Subsidy Application pg. 10

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

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