



Health Insurance and Auto Insurance Verification/Attestation

Name of Student/Faculty: _____

Date of Attestation: _____

Name of University/School: _____

Name of Program: _____

Kaiser Permanente Southern California (KP SCAL) requires Health Insurance for all students and faculty. *Healthcare Services received through a school's Student Health Services is acceptable.

Health Insurance Verification

Current Personal Health Insurance*: Yes No

Health Insurance Company: _____

Health Insurance Contact Phone Number: _____

I have uploaded into my COMPLIO profile: **OR** A current copy of my health insurance card
 A current copy of my student/faculty ID card (if using Student Health Services for medical care)

KP SCAL requires Auto Insurance for all students and faculty who drives a vehicle onto any Kaiser Permanente campus.

Auto Insurance Verification

Current Auto Insurance Policy: Yes No
 N/A (i.e. takes public transportation, carpools, etc.)

Auto Insurance Company: _____

Auto Insurance Contact Phone Number: _____

Proof of Auto Insurance: I have uploaded a current copy of my Auto Insurance card to my COMPLIO profile
 I attest that I will not be driving onto any Kaiser Permanente campus

By submitting this health and auto insurance verification, I (student faculty) attest to the accuracy and validity of the information, and I have uploaded the necessary documentation into my COMPLIO profile. I understand that inaccurate, incomplete, and/or late submissions will result in an escalation process, up to and including termination of the affiliation agreement of my school with Kaiser Permanente SCAL.

Student/Faculty Signature: _____ Date: _____