

2009-2010

Medical/Dental Expenses Form

Email: finaid@lewisu.edu



Please note that your financial aid file cannot be processed until the Office of Financial Aid Services receives all required documents. **READ AND PROCESS EACH SECTION CAREFULLY — AN INCOMPLETE OR INCORRECT FORM WILL RESULT IN DELAYS.** All documents submitted to the Office of Financial Aid Services must be **SIGNED**.

Student Name: _____ **Student ID Number:** _____

Email Address: _____ **Phone Number:** _____

Verification:

By submitting this form to our office, you are authorizing Financial Aid Services to complete a Professional Judgment on behalf of the above named student. In order to complete this process **YOU MUST SUBMIT ALONG WITH THIS COMPLETED FORM THE FOLLOWING DOCUMENTS:**

- Verification Form **Signed** (<http://lewisu.edu/admissions/finaid/resources/finaidforms.htm>)
- 2008 Federal Tax Form **Signed** (Student **and** Parent—If student is Dependent)
- 2008 W-2's (Student **and** Parent—If student is Dependent)

Instructions:

Lewis University defines unusual medical/dental expenses as greater than 11% of a Family's **Adjusted Gross Income**.

For Example: Household AGI=\$10,000 x .11 = \$1,100. In this example your medical expenses must be greater than \$1,100 to affect the family's financial situation.

Medical/Dental Expenses:

If your family has experienced unusual medical expenses in excess of 11% of the 2008 Adjusted Gross Income, please answer the following questions:

How much was paid in 2008 for medical dental insurance?
 (Do not include the employer's contribution)..... \$ _____

What were the 2008 medical/dental expenses paid by you and not reimbursed by insurance?..... \$ _____

What do you anticipate your un-reimbursed medical expenses to be in 2009?

Lower Same Higher

Why? (please explain)

Documentation:

Please submit the following with this completed form:

- Letter explaining your excessive medical and/or dental expenses.
- Copy of your 2008 Federal 1040 Schedule A or copies of **paid** medical/dental bills.

Student Signature _____
Date

Parent Signature— Dependent student _____
Date