



North Central College
Office of Financial Aid
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2018-19 Change-in-Circumstances—Medical/Dental Expenses

Student Name: _____ **Student ID/SSN:** _____

We were recently informed that your family has experienced major medical or dental expenses not accounted for on the **2018-19 Free Application for Federal Student Aid (FAFSA)**. To determine if any adjustments can be made to your financial aid file, please complete all information below **AND** submit all requested documentation.

- MEDICAL/DENTAL:** Incurred expenses (not including insurance premiums or bills you will be reimbursed for) are greater than 10% of the family's **2017** Adjusted Gross Income.

Documentation Requirements:

- If you itemized your medical bills**, submit a copy of page **Schedule A** from your **2017** federal 1040 tax return.
- If you did not file a 1040 Schedule A**, actual medical expenses PAID in **2017** must be documented (canceled checks, billing invoices, insurance statements, receipts).
- Along with the above requested documentation**, attach a list indicating the following:
- Date(s) fees were incurred,
 - Which family member the service was for, and
 - How much your family paid for the service

Please note: The Office of Financial Aid can only consider medical bills your family actually paid for calendar year **2017**. We cannot consider any outstanding unpaid balances.

I declare that the information reported on this form is true, correct, and complete. I agree to provide, if requested, any other official documentation necessary to verify information reported.

Signature

Date

For Office Use Only:

11% x IPA _____ = Medical IPA _____

Medical Expense _____ - Medical IPA _____ = AGI Reduction _____

Table A3: Income Protection Allowance

Number in parents' household, including student (FAFSA/SAR #72)	Number of college students in household (FAFSA/SAR #73)				
	1	2	3	4	5
2	\$18320	\$15180	---	---	---
3	\$22810	\$19690	\$16560	---	---
4	\$28170	\$25040	\$21920	\$18790	---
5	\$33240	\$30100	\$26990	\$23850	\$20740
6	\$38880	\$35740	\$32630	\$29490	\$26380

Note: For each additional family member, add \$4390
 For each additional college student (EXCEPT Parents), subtract \$3120

Notes: _____

Counselor _____ Date _____