



## **2020-21 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 **2020-21 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:** Excessive incurred expenses (not including insurance premiums or bills you will be reimbursed for)

### **Documentation Requirements:**

- If you itemized your medical bills**, submit a copy of page **Schedule A** from your **2019** federal 1040 tax return.
- If you did not file a 1040 Schedule A**, actual medical expenses PAID in **2019** 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 **2019**. 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 .....	\$19,080	\$15,810	---	---	---
3 .....	\$23,760	\$20,510	\$17,250	---	---
4 .....	\$29,340	\$26,080	\$22,830	\$19,570	---
5 .....	\$34,620	\$31,350	\$28,110	\$24,840	\$21,600
6 .....	\$40,490	\$37,230	\$33,980	\$30,720	\$27,470

Note: For each additional family member, add \$4750  
 For each additional college student (EXCEPT Parents), subtract \$3250

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_