

## Appeal Form Medical/Dental Expense

Orthodontics not considered

Student Name	
Student Banner ID	
Today's Date	
Student or Parent Signature*	

<i>office use only</i>	
# of pages	
current status	
prior status	
track code	spcond
prepped by	
date prepped	

\* Your signature on this form indicates that information submitted is true and complete to the best of your knowledge.

### When to Use this form:

This form is designed to help families communicate unusual medical/dental expenses, paid out of pocket, not covered by insurance during 2016, 2017 or 2018. Medical expenses incurred/paid in 2018 may not be reviewed until the mid-point of the calendar year and may also require families to provide income information related to 2018.

#### Returning Students

- Decisions on appeals received during the summer break will be finalized mid-September and those received during the fall semester will be finalized mid-February. Results posted in CyberFriar.
- Your bill is still expected to be paid on time and you should not wait for the results of your appeal before paying your bill.
- Submission of an appeal is not a guarantee of additional funding and does not prevent a financial hold being placed on the student account.

#### Incoming Freshman

- All appeals received before 4/21 will be reviewed on a rolling basis. While not guaranteed, we will make every attempt to respond by your Admission deposit deadlines\*.
- You should not wait for appeal results to make your enrollment decision.
- Decisions on appeals received after 5/1 will follow the Returning Student Policy (see box to the left).

*\*Early Decision I Jan. 15, Early Decision II, Mar. 1 and Early Action & Regular Decision May 1*

### Submit **all** of the following:

Omitting any items below will delay the appeal process. Also, if selected for verification by the U.S. Department of Education you may be asked for additional documentation.

- 2016 W2(s)
- 2017 W2(s)
- 2016 Federal Tax Return
- 2017 Federal Tax Return
  - check here if not filed yet
- Detailed Letter of Explanation
- Other supporting documents that strengthen your appeal
- Complete grid on back - do not leave any fields blank



Do not leave any fields blank. Use "n/a" if question does not apply.

## Insurance Premiums

	2016 total	2017 total	2018 total	
Amount paid PRE-tax				This amount appears on your W2, Box 12, Code DD
Amount paid POST-tax				Attached cancelled checks

## Medical/Dental paid out of pocket

*Expenses listed without proof of payment will not be considered. If submitting credit card statements you must also include proof that the credit card statement the medical/dental charges were on were also paid in full (i.e. cancelled checks).*

Enter figure from Line 1 from Schedule A in the boxes to the right, if applicable.	2016	2017	2018	Submit copies of Schedule A for each year you have entered a figure.
	\$	\$	\$	

Description of Expenses <small>Do not include expenses here that you were able to claim on your Schedule A.</small>	Date Incurred	Date Paid	Receipt attached	
			Yes	No

Attach separate sheet if needed using the format above.