



LAKE FOREST
COLLEGE

2019 - 2020 Healthcare Expense Form

Background. Minimum Requirements

We assume you will incur *some* healthcare costs, based on the size of your family. **Complete this form if your family paid in 2017 or 2018 or will pay in 2019 at least the following amounts:** 2 in family: \$3000; 3 - \$3500; 4 - \$4000; 5 - \$4500; 6 - \$5000; 7 - \$5500.

What Can You Include?

- In general, insurance premiums*, office visit, hospital, dental/orthodontic, prescription costs, etc. are considered acceptable.
- Specifically, expenses IRS-allowed** **itemized deductions, even if** the amount is too small to include on IRS Schedule A (7.5% of AGI).
IRS Schedule A: www.irs.gov/pub/irs-pdf/i1040sca.pdf
- ***Do not** include premiums paid "pre-tax", or expenses paid/reimbursed by a pre-tax flexible spending arrangement (FSA or HSA)
- **Do not** include expenses billed in one year but paid in different year.

Student's Name: _____ Lake Forest ID# or Last four of SSN: _____

I am a new student at Lake Forest I am a returning student at Lake Forest

Parent Completing this Form: _____

Parent's Daytime Phone: (_____) _____ - _____ Parent's E-Mail: _____

➤ Part 1: Expenses actually paid in 2017

If the total of allowable healthcare expenses paid by your family in 2017 exceeds the above amount, submit one of the following:

- IRS Schedule A (Itemized Deductions) for 2017, as filed with a U.S. Form 1040 (signed at the bottom of the page) **or**
- An itemized, signed list of allowable healthcare expenses paid out-of-pocket in 2017

➤ Part 2: Alternate Year Expenses. Choose the alternate year you want to document (Actual 2018 Est'd 2019)

What is the total amount you expect to pay for allowable healthcare expenses** in the year noted above? \$ _____ .00

What amount, if any, do you expect to pay from the pre-tax flexible spending account (FSA or HSA)? \$ _____ .00

➤ Part 3. Description * Required * Please print

- Briefly describe all major expenses and dates, and reasons for large differences between the two years (including dates of change).
- If expenses are financed, include details of the payment arrangement (ex: "\$100/month for 20 months, beginning May 2018").

Certification: All information is true and complete to the best of my knowledge. I agree to provide any documentation that will verify the accuracy of this information. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Parent's Signature _____

Date _____

If possible, please return as a .pdf by email along with any applicable supporting documents. It may also be faxed or mailed.

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2338

www.lakeforest.edu/finaid ♦ finaid@lakeforest.edu ♦ Phone: 847-735-5103-5010 ♦ Fax: 847-735-6271

Office Use Scanned Doc'n Complete: Yes No Data Entry Done Initials: _____ Date: _____

Year Used: 2017 2018 2019 M/D Used: _____ - IPA allowance _____ = amount in PCP _____

Notes: _____ NEW RETG