



LAKE FOREST
COLLEGE

2020 - 2021 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 2018 or 2019 or will pay in 2020 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 a 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: _____

➤ Step 1: Expenses actually paid in 2018

If the total of allowable healthcare expenses paid by your family in 2018 exceeds the above amount, submit one of the following:

- IRS Schedule A (Itemized Deductions) for 2018, 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 2018

➤ Step 2: Expenses in an alternate year. Which year do you want to us to consider? Actual 2019 Est'd 2020

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

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

➤ Step 3. Description. **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 2019").

➤ Step 4. Signature

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 – we cannot accept a typed 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
lakeforest.edu/finaid ♦ finaid@lakeforest.edu ♦ Phone & Fax: 847-735-5103

Office Use Scanned Data Entry Done Doc'n Complete: Yes No If "no" family notified ____/____ Initials/Date: _____

Year Used: 2018 2019 2020 M/D Used: _____ - IPA allowance _____ = amount in PCP _____ NEW RETG

Notes: