



LAKE FOREST
COLLEGE

2021 - 2022 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 2019 or 2020 or will pay in 2021 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 as **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 another 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: What year's expenses do you want us to consider? 2019 2020 2021

What did (or will) you pay for allowable healthcare expenses in that year. **Exclude payments from FSA/HSA** \$ _____ .00

➤ Step 2: Documenting Expenses.

- I will provide IRS Schedule A (Itemized Deductions). Sign it at the bottom of the page, even though there is no formal "signature line"
- I will provide an itemized, signed list of allowable healthcare expenses* paid out-of-pocket in the year identified in **Step 1**.
(Ex: Doctor, \$#,###; Dentist, \$#,###; Therapist, \$#,###; Prescriptions, \$#,###; Mileage, \$###; Premiums (if not pre-tax), \$#,###)

* Unless requested, do not send extensive copies of bills, receipts, etc.

➤ Step 3. Description. Please print

Briefly list major expenses/dates. If financed over time, include payment details (ex: "\$100/month for two years, beginning May 2020").

➤ Step 4. Estimated 2021 Expenses

If you are reporting 2019 or 2020 expenses, will 2021 expenses be similar or significantly less (estimate) \$ _____ .00

Briefly describe reasons for large differences between the two years.

➤ Step 5. 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: 2019 2020 2021 M/D Used: _____ - IPA allowance _____ = amount in PCP _____ NEW RETG

Notes: