LAKE FOREST COLLEGE

2026 - 2027 Healthcare Expense Form

Complete this form only if the parent(s) providing information on the applicant's FAFSA paid in 2026 or *will pay in 2026* at least the following amounts: 2 in family: $4500; 3 in family - $5000; 4 - $6000; 5 - $7000; 6 - $8000; 7 - $9000.

What You Can Include: **in general**, expenses such as office visits, hospital, dental, prescription costs, etc. as long as they are not paid from your **FSA** or **HSA** (pre-tax medical savings accounts). **Specifically**, you can include expenses allowed as itemized deductions by the IRS, *even if* the amount is too small to include on IRS Schedule A. **See** *www.irs.gov/pub/irs-pdf/i1040sca.pdf*

What You Cannot Include: **insurance premiums you paid with "pre-tax" dollars (deducted from salary by your employer);** as noted above, paid from your FSA or HSA; the cost of "Self-Employed Health Insurance" (IRS Schedule 1, Line17); expenses billed in one year but paid in another year.

Please Print

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. Identify the Year and Amount of the Expense (report the year when the expense will be larger)

What year's expenses do you want us to consider? ❑ 2025 ❑ 2026

How much did/will you pay **in total** for allowable expenses (see above) excluding payments from FSA/HSA? $_____

If 2025 is reported, how will 2026 expenses compare? ❑ Similar ❑ Significantly less (estimated amt) $_____

➢ Step 2. Did you report any of these expenses to us for the 2025-2026 academic year?

❑ Yes ❑ No ❑ Not sure

➢ Step 3. Identify the significant expenses and reasons. Please print

Briefly describe the major expenses, amount(s) and dates paid, including reasons for any significant differences between 2025 and 2026 expenses. If financed over time, include payment details (ex: "$100/month for two years, beginning May 2025").
Ex: *6/25 – husband had knee surgery - $4000 all paid 8/25; son's ongoing prescription $300/mo; daughter's ortho pymt $250/mo, 1/25-6/26*

➢ Step 4. Document the Expense(s)

Provide a signed, itemized list of **only the most significant allowable expenses** (see "What You Can Include" above) paid out-of-pocket in the year identified in **Step 1**. (**Ex:** Doctor, $#,###; Dentist, $#,###; Prescriptions, $###; Mileage, $###; Premiums, $#,###; Other, $#,###). Unless requested, do not send extensive copies of bills, receipts, etc.

➢ 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 mailed or faxed.

Office of Financial Aid ◆ 555 North Sheridan Road ◆ Lake Forest Illinois 60045-2438
lakeforest.edu/finaid ◆ finaid@lakeforest.edu ◆ Phone: 847-735-5103 ◆ Fax: 847-735-6271

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

Year Used: ❑ 2025 ❑ 2026 M/D Used: _____ - IPA allowance _____ = amount used _____ NEW RETG

Notes: