



LAKE FOREST
COLLEGE

2023 - 2024 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 2022 or will pay in 2023 at least the following amounts:** 2 in family: \$4000; 3 - \$4500; 4 - \$5000; 5 - \$5500; 6 - \$6000; 7 - \$6500.

What Can You Include?

- In general, include insurance premiums not paid with "pre-tax" dollars (ex: deducted from salary), **and** expenses not paid or reimbursed by a pre-tax flexible spending accounts (FSA / HSA) such as office visits, hospital, dental, prescription costs, etc. If you are self-employed, do not include "Self-Employed Health Insurance Deduction" (IRS Schedule 1, Line 17).
 - Specifically, expenses allowed by the IRS as **itemized deductions**, even if the amount is too small to include on IRS Schedule A.
- Do not include 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. The Year and Amount of the Expense

What year's expenses do you want us to consider? 2022 2023

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

If 2022 is reported, how will 2023 expenses compare? Similar Significantly less (estimated amt) \$ _____

➤ Step 2. Did you report this expense to us for the 2022-2023 academic year?

Yes No Not sure

➤ Step 3. Describe the Expense. Please print

Briefly list major expenses/dates, including reasons for any significant differences between 2022 and 2023 expenses. If financed over time, include payment details (ex: "\$100/month for two years, beginning May 2022").

➤ Step 4. Document the Expense(s)

Provide a signed, itemized list of allowable healthcare expenses* (see "What Can You Include" above) paid out-of-pocket in the year identified in **Step 1**. (Ex: Doctor, \$#,###; Dentist, \$#,###; Prescriptions, \$###; Mileage, \$###; Premiums, \$#,###). 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 faxed or mailed.

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2438
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: 2022 2023 M/D Used: _____ - IPA allowance _____ = amount in PCP _____ NEW RETG

Notes: