



LAKE FOREST COLLEGE

2025 - 2026 Healthcare Expense Form

Complete this form only if the parent(s) providing information on the applicant's FAFSA paid in 2024 or *will pay in 2025 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); the cost of "Self-Employed Health Insurance" (IRS Schedule 1, Line 17); 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? 2024 2025

How much did or will you pay for allowable healthcare expenses, **excluding** payments from FSA/HSA? \$ _____

If 2024 is reported, how will 2025 expenses compare? Similar Significantly less (estimated amt) \$ _____

➤ Step 2. Did you report this expense to us for the 2024-2025 academic year?

Yes No Not sure

➤ Step 3. Describe the major portion of the expense. Please print

Briefly list major expenses/dates, including reasons for any significant differences between 2024 and 2025 expenses. If financed over time, include payment details (ex: "\$100/month for two years, beginning May 2024").

➤ Step 4. Document the Expense(s)

Provide a signed, itemized list of allowable healthcare expenses (*see "What You Can 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: 2024 2025 M/D Used: _____ - IPA allowance _____ = amount in PCP _____ NEW RETG

Notes: