

**2009-2010 Medical Treatment Not Covered by Insurance Professional
Judgment Worksheet (Dependent)**

STUDENT'S NAME: _____ **SS#** _____

Unusual Circumstances:

You or a member of your family had medical treatment in 2008 or will have medical treatment in 2009 resulting in expenses not covered by insurance.

Will this treatment continue in future years? (circle one) Yes/No

Documentation Required: *(You must provide this documentation for your request to be complete.)*

- 1.) A copy of your 2008 federal income tax return, as well as your parents', including all schedules, especially Schedule A
- 2.) 2009-2010 Dependent Verification Worksheet
- 3.) Letter or benefits statement from your parents' and your insurance company or service provider(s) confirming what expenses were and were not covered by insurance for calendar year 2008 or calendar year 2009
- 4.) Copies of receipts/cancelled checks for expenses paid out-of-pocket for calendar year 2008 or calendar year 2009

By signing this form, you certify that the information reported on this form is true and accurate to the best of your knowledge. The Office of Student Financial Aid reserves the right to request supporting documentation and to revise awards if necessary.

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____