

Medical Expenses

We will review either your actual 2008 expenses paid, your anticipated 2009 expenses, or your actual 2009 expenses paid (beginning in January 2010.) Please complete the appropriate items below and submit the requested documents.

2008 Medical/Dental expenses

Amount of your 2008 expenses not covered by insurance \$ _____

Amount of pre-tax dollars, if any, withheld from your pay for these expenses (i.e. flex account) \$ _____

How much additional did you pay, with after tax dollars, toward these expenses \$ _____

Required Documentation:

- ✓ If you itemized on your 2008 federal taxes, a copy of your 2008 federal tax return including schedule A.
- ✓ If you didn't itemize, a letter of explanation with an itemized list* of payments and accompanying receipts/statements

_____ OR _____

2009 Medical/Dental expenses

Actual or anticipated 2009 expenses not covered by insurance \$ _____

Amount of 2009 pre-tax dollars withheld from your pay for these expenses (i.e. flex account) \$ _____

Actual or anticipated additional amount you paid (will pay) in 2009 toward these expenses \$ _____

Required Documentation:

- ✓ If you itemized on your 2009 federal taxes, a copy of your 2009 federal tax return including schedule A.
- ✓ If you are listing anticipated expenses or if you didn't itemize, a letter of explanation with an itemized list* of payments and accompanying receipts/statements

*Sample itemized list for payments:					
Date of service	Name of patient	Name of provider/pharmacy	Amt of patient's responsibility	Amount Paid	Date of Payment

Return completed form, letter, and documentation to:
 The Office of Financial Aid, Valparaiso University, Kretzmann Hall, Valparaiso, IN 46383
 or Fax to 219-464-5012