



the evergreen state college
olympia, washington

2016-2017 Additional Medical Expenses Request

ADMEDx

Name: _____ Evergreen ID: A _____
(Print) Last First MI

Address: _____ Phone: (____) _____
Street City State ZIP

☐ Single ☐ Married Is your spouse enrolled at Evergreen? ☐ No ☐ Yes Spouse ID: A _____

Use this application to add medical and dental expenses to your COA.

Medical and dental expenses not covered by insurance are among the special circumstances explicitly mentioned in Section 479A of the Higher Education Act. If you incur medical expenses for conditions that prevent you from attending class or education-related activities during the academic year, you may request that your cost of attendance (COA) at Evergreen be increased accordingly.

- 1. A written letter of explanation must accompany this form.** Your letter must include dollar amounts, time frames, and documentation that support your request. **Do not include expenses incurred before or after the current academic year.**
- 2. Documentation for expenses could include: copies of receipts, canceled checks, estimates, or invoices from your medical provider.**
- 3. Review, print, and attach your total loan indebtedness at <http://www.nslds.ed.gov>, and then review the monthly payment your current indebtedness will require using the calculator at <http://studentaid.ed.gov>**

Expenses must be clearly medical or dental in nature, and they must be clearly documented. Determination of medical necessity must be made by a qualified medical professional. Include a statement from your provider that supports your request. Expenses may include costs for medical, dental or vision care, physical therapy, and psychotherapy. Allowable expenses may include after-tax health insurance premiums, expenses not covered by insurance, including co-pays, deductibles and non-covered expenses, prescription medications, and expenses for durable medical equipment (e.g., eyeglasses, crutches, thermometers, blood pressure meters, glucometers). Herbal remedies, vitamins and over-the-counter medications and holistic health are generally not included, and when expenses are not medically necessary, such as elective cosmetic surgery or elective cosmetic dentistry we cannot increase your budget.

OVER

Office of Financial Aid

2700 Evergreen Pkwy NW • Olympia, WA 98505 • phone 360-867-6205 • fax 360-867-6576 • email finaid@evergreen.edu

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In most cases, loans must be added to assist with funding your approved additional medical costs. Approved increases to COA might be met with gift aid based on student eligibility and the availability of funds.

If this application is approved and results in an offer of Direct Loans:

- ☐ Please add or increase my Federal Direct Subsidized Loan to my maximum eligibility
- ☐ Please add or increase my Federal Direct Unsubsidized Loan to my maximum eligibility
- ☐ Please add or increase both loans to my maximum eligibility
- ☐ If eligible, I accept \$_____ in loans.

Comments:

***Note:** Loans may be cancelled on request during the academic year. Cancellation of loans may result in you owing the college for funds already disbursed. If you have not accepted any Federal Direct Loan for the current academic year, follow the directions at <http://www.evergreen.edu/financialaid/loans-direct.htm>*

Do not include expenses incurred before or after the 2016-2017 Academic Year.

Student's Signature: _____ Date: _____