2021-2022 STUDENT REQUEST TO ADD HEALTH INSURANCE PREMIUMS TO COST OF ATTENDANCE

This form must be submitted by May 1, 2022 to be considered for the 2021-2022 academic year

Student Name: _________________________________________________  Student ID: ______________________________

You have informed us that you will be paying for your own health insurance and have requested that we review this for an increase in your cost of attendance.

Returning students can submit documentation from May 2021 through the end of the 2021-2022 academic year. New students can submit documentation from August 2021 through the end of the academic year.

1. Amount of your monthly health insurance premium: $______________________

2. Who is covered under this plan?  □ student only  □ student and spouse  □ student and family

3. Are your monthly premiums billed to you on your U-Bill?

   □ Yes

   □ No – Provide a copy of a recent paystub or insurance bill (August 2021 or after) showing the amount of your premium

4. If eligible, I would like the Office of Student Financial Aid to increase my Federal Direct Loans to the maximum amount. (For graduate or professional students, the increase would be to the Direct PLUS Loan if the Direct Unsubsidized Loan has been exhausted.)

   □ Yes

   □ No

I certify that the information provided on this form is correct.

____________________________________________________________  ______________________________________________
Student's Signature  Date