



Office of Financial Aid

**2019/2020 UNUSUAL MEDICAL/DENTAL  
EXPENSES APPEAL**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal regulations authorize the Financial Aid Administrator to exercise professional judgment in situations where unusually high medical or dental expenses, not covered by insurance, place a hardship on a family's ability to contribute to the cost of education. These uncovered expenses must have been **paid** during the 2017 calendar year. Please complete the questions below so your circumstances can be considered.

1. What were your 2017 medical/dental expenses not paid by insurance? \$ \_\_\_\_\_  
If you are an independent student, please list expenses for you and/or your dependents. If you are a dependent student, please list expenses for you and/or your parents.

2. How much did you pay for your medical/dental insurance in 2017? \$ \_\_\_\_\_  
If you are an independent student, please list premiums for you and your dependents. If you are a dependent student, please list premiums for you and your parents (Do not include employer's contribution.).

**ATTENTION APPLICANT:** Attach all required documentation to this completed form and submit to the Financial Aid Appeals Committee.

**Required documents:**

- Schedule A of 2017 Federal tax return
- Receipts of 2017 medical/dental payments
- Proof of cost of insurance premiums

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1000 Galvin Road South  
Bellevue, NE 68005-3098

For questions please contact Bruin Support Services at 402-293-2000 or 1-800-756-7920 or by email at [BRUINSupportServices@bellevue.edu](mailto:BRUINSupportServices@bellevue.edu)

Fax (402) 557-5425