2018-2019 Cost of Attendance Add-On for Medical / Dental / Optical / Insurance Expenses

RETURN This Form with the Requested Documentation to:
UC San Diego Financial Aid and Scholarships Office, MC 0013,
9500 Gilman Drive, La Jolla, CA 92093-0013, by fax to (858) 534-5459

A

PRINT Student’s Last Name    First Name    Middle Initial    Student’s UCSD PID Number

☐ Undergraduate  ☐ Graduate - Department: ________________________

• Medical expenses for student and/or dependents of student: (including physicians, hospitals, lab work and pharmacy):
  1. Provide verification from the Student Health Center or Private Insurance Carrier regarding health insurance coverage, if any, and type of needs on Part A (next page) of this form.
  2. If you are a dependent student, obtain your parent’s signature on Part D (next page) of this form.
  3. Provide receipts of expenses already incurred or written estimate of future expenses signed by Provider (must be on Provider’s letterhead).

• Dental expenses for student and/or dependents of student:
  1. Provide signature and cost estimate from a dental care representative in Part B (next page) of this form.
  2. If you are a dependent student, obtain your parent’s signature on Part D (next page) of this form.
  3. Provide billings, receipts, cancelled checks or estimate signed by Provider (must be on Provider’s letterhead).

• Optical expenses for student and/or dependents of student:
  1. Provide billings, receipts, cancelled checks or estimate signed by Provider (must be on Provider’s letterhead).
  2. Part C (next page) must be completed by the Provider.
  3. If you are a dependent student, obtain your parent’s signature on Part D (next page) of this form.

• Insurance expenses for dependents of student:
  1. Provide a receipt or written estimate of the academic year insurance costs for the dependent(s). The estimate must be on the insurance company’s letterhead.

I am requesting a Cost of Attendance Add-On for $__________ to cover medical/dental/optical/insurance expenses not covered by my insurance carrier and not included in my UC San Diego standard cost of attendance.

I understand the following:

1. The information and documentation provided by me are complete and true to the best of my knowledge.
2. That medical/dental/optical expenses I do not document will not be included and;
3. If I provide a printed itemized estimate, an unpaid billing statement, or other unpaid estimate for medical/dental/optical expenses, I may be selected in an audit; and will be asked to submit proof of my paid expenses by submitting a copy of the purchase receipt, cancelled check, or billing statement/invoice. SAVE COPIES OF YOUR RECEIPTS

Cost of Attendance Add-On requests must be submitted no later than Wednesday, May 15, 2019 of the current academic year to receive Direct Subsidized/Unsubsidized/PLUS Loans. Submission of a request does not guarantee an approval.

_________________________  ____________________
Student Signature          Date

_________________________________________   A_________________________

Revised August 30, 2018
2018-2019 COST OF ATTENDANCE ADD-ON FOR Medical / Dental / Optical / Insurance Expenses (cont’d)

A
Student’s UCSD PID Number

TO: UC San Diego - Financial Aid and Scholarships Office, MC 0013
9500 Gilman Drive Dept. 0013
La Jolla, CA 92093-0013

FROM:

PRINT Company Name

Address

RE:
PRINT Student’s First and Last Name

☐ A. For Medical Coverage (through UC San Diego’s Student Health Services)
☐ Student’s needs are met by insurance with no expense to the student.
☐ Student’s needs are not met completely by insurance. I estimate the cost to the student will be $__________.
☐ Student does not currently have health insurance coverage for this need. I estimate the cost to the student will be $__________.

________________________________________________     ___________  ____________________________
Signature of Health Insurance Representative/Student Health    Date                Telephone Number

☐ B. For Dental Needs
$__________   minus $__________ =       $__________
Estimated Cost      Amount paid by insurance    Net Cost

☐ Dental treatment is necessary during this academic year for the general good health of the student, and is not deemed cosmetic in nature.
☐ Dental treatment can safely wait until after the student has completed this academic year and/or is deemed cosmetic in nature.
☐ Dental treatment needed is the result of an accident or other circumstance which can be covered with the student's health insurance, at no expense to the student.
☐ I estimate the cost for needed dental treatment to be (describe treatment/cost below):
______________________________________________________
______________________________________________________

_____________________________________________    ____________      ____________________________
Signature of Dental Office/Insurance Representative            Date                     Telephone Number

☐ C. For Optical needs:
$__________   minus $__________ =      $__________
Estimated Cost     Amount paid by insurance         Net Cost

☐ Treatment is necessary during this academic year for the general good health of the student, and is not deemed cosmetic in nature.

_____________________________    ____________________________
Provider’s Signature/Title                     Date                      Telephone Number
2018-2019 COST OF ATTENDANCE ADD-ON FOR Medical / Dental / Optical / Insurance Expenses (cont'd)

A ______________________________
Student's UCSD PID Number

□ D. Parental Statement for Dependent Students:

PRINT Parent Name

Total treatment/expenses for my child cannot/will not be covered by my insurance carrier. I can contribute $_______________ toward my child’s treatment/expense.

Parent’s Signature _______________________________ Date _______________ Telephone Number ________________

FAS OFFICE USE ONLY:
Total approved for add-on: $_______________ FAO Counselor: ___________________ Date: ________________

□ Former Foster Youth
COA Code on EU: BA (Cost of Attendance Add-On) – Refer to Cost of Attendance Add-On Instructions or Add-On Grid
Loan Period Received: ( ) Fall ( ) Winter ( ) Spring ( ) Summer Enter TU2 data BUDxxxx, EFCxxxx, FAxxxx

Revised August 30, 2018