

**HEALTH INSURANCE PREMIUM ADJUSTMENT REQUEST FORM**

Academic Year \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

The cost of *individual* health insurance premiums, maximum of \$2,000 each academic year, can be added to your financial aid budget. This addition increases loan eligibility typically to the federal Graduate PLUS loan. Submit this form together with documentation of insurance enrollment and monthly premium cost. Health insurance deductibles, co-payments and contributions to medical reimbursement savings accounts cannot be added to your annual cost of attendance. Submission of this signed document authorizes certification of additional loan funds.

Name of Insurance Company: \_\_\_\_\_

- Planned academic enrollment:
- Summer (12 weeks)
  - Fall (20 weeks)
  - Spring (20 weeks)

***Certification:*** *I request that my financial aid budget be increased, based on this insurance premium cost request. I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this request may be sufficient cause, in and of itself, for cancellation or repayment of my financial aid specific to this loan request.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_