



State Grant and Special Programs
1200 North Seventh Street, Harrisburg, PA 17102-1444

2008-09 MEDICAL EXPENSE FORM
(DEPENDENT STUDENT)

(NOTE: Deadline for returning this form to PHEAA is April 1, 2009.)

Print Student's Name

Student's Social Security Number grid

Student's Social Security Number

OR

Student's Account Number grid

Student's Account Number

2008-09

The Agency may permit reconsideration of an application if your family paid extraordinary unreimbursed medical/dental expenses during 2007. Your parent(s) should provide the requested information regarding family medical/dental expenses to PHEAA, P.O. Box 8141, Harrisburg, PA 17105-8141 within 30 days. No data will be accepted after April 1, 2009.

Submit a complete copy of your parent(s) 2007 U.S. Income Tax Return (as filed with IRS) including all supporting forms, schedules, and W-2 Forms, if such has not previously been submitted, and this form which aids in the immediate identification of your records. If your parent(s) itemized medical expenses on Schedule A, you should also submit a copy of Schedule A. If your parents(s) did not file or did not retain a copy of Schedule A, they should complete the following questions. Do not send copies of receipts or cancelled checks.

If you have any questions regarding this matter, please contact Agency staff at 1-800-692-7392 (TDD for hearing impaired ONLY: 717-720-2366).

- 1. Indicate the amount of money which your parent(s) PAID in 2007 for medical and dental expenses (including insurance premiums). Do not include amounts covered by insurance, your company pre-tax medical/dental reimbursement account (flexible spending account), monies paid toward establishing the company medical reimbursement account if tax-deferred, or self-employed health deductions from Form 1040 - line 29.

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- 2. Indicate whether your family medical/dental expenses were paid from income, savings, and/or other sources and indicate the approximate amount paid from each source.

Blank lines for indicating sources and amounts of expenses.

THE PENALTY FOR SUBMISSION OF FRAUDULENT INFORMATION ON THIS FORM MAY BE REPAYMENT OF TRIPLE ANY AMOUNT OF MONEY RECEIVED PLUS A FINE AND/OR IMPRISONMENT.

Signature of Parent/Stepparent Date

Signature of Student Date