

Financial Aid Office Missoula, MT 59812-2232 Phone: (406) 243-5373

Fax: (406) 243-4930 finaid@umontana.edu

Special Circumstance Request – Student Medical Expenses 2023-2024 Year (Autumn 2023, Spring/Summer 2024)

| Student Name: | UM ID#: <u>790-</u> |
|---|---|
| UM E-Mail: | Phone#: |
| Eligibility for financial aid is based on the | 2021 tax year which may not be indicative of a family's continuing ability to |

pay for a student's educational expenses. To remedy this, Congress has authorized the school's financial aid administrator to evaluate special circumstances on a case-by-case basis with adequate documentation. To begin an appeal, return this completed form (all pages), a personal statement, and any supporting documentation to the Financial Aid Office. Please contact our office for help completing this form or with any questions you may have about your personal circumstances.

- 1.Please indicate which year you would like for us to review your medical expenses (you can only choose one):
 - \square 2021 (1/1/2021 12/31/2021):
 - Complete Student Medical Expenses Table below (bullet #3)
 - \square 2022 (1/1/2022 12/31/2022):
 - Complete Student Medical Expenses Table below (bullet #3)
 - Submit a signed copy of student's (and spouse's, if married and filed separate tax returns) 2022 federal
 - Complete sections B & C of Student Income Information Table below (bullet #4)
 - \square 2023 (1/1/2023 12/31/2023):
 - Complete Student Medical Expenses Table below (bullet #3)
 - Please complete all sections of Student Income Information Table below (bullet #4)
 - Provide copies of year-to-date paystubs for 2023:
 - Requests given prior to 12/1/2023, student (and spouse, if married) must provide all year-todate statements (with a minimum of 3 consecutive months' documentation).
 - Requests that are reviewed 12/1/2023 or later will be reviewed using a signed copy of the student's (and spouse, if filing separately) 2023 federal tax return.
- 2. Write a detailed personal statement of the special circumstance(s) on a separate page and submit with this form.
- 3. Complete the Student Medical Expenses Table below Instructions: Complete the following table and provide documentation of medical expenses you (and spouse, if married) paid in one tax year, such as billing statements documenting payment, receipts or account summaries from your health care provider. The Financial Aid Office cannot accept unpaid bills or explanation of benefits as proof of payment. If more room is needed, please continue the table on a separate page.
 - Note Contributions to a Health Savings Account cannot be used as a medical expense.

| Date | Name of Medical Provider/Premium | Total Cost of | Amount Not | Amount | Date | Supporting | Recurring |
|-----------|--|---------------|------------|--------|-------|------------|-----------|
| Service | (doctor, dentist, optometrist, hospital, | Service | Covered by | Paid: | You | Documents | Expense?: |
| Was | pharmacy, health insurance premiums, | Received (if | Insurance: | | Paid: | Attached?: | (Circle) |
| Received: | etc.): | known): | | | | (Circle) | |
| | | \$ | \$ | \$ | | Yes / No | Yes / No |
| | | \$ | \$ | \$ | | Yes / No | Yes / No |
| | | \$ | \$ | \$ | | Yes / No | Yes / No |
| | | \$ | \$ | \$ | | Yes / No | Yes / No |
| TOTALs: | | | | | | | |

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4. Complete the Student Income Information table below - Please do your best to give estimates for the total income sources for the year indicated below. If needed, multiply the dollar amount by the appropriate number of weeks/months/paychecks to determine the gross amount to the list below (e.g., \$1,000 x 12 months = \$12,000). If a line item is left blank, you are certifying you have not received and there is not possibility of receiving income of that kind.

Documentation must be included for each of the items you list a value greater than "\$0".

| Expected Income Sources for (please indicate year): | | Student's Spouse |
|--|----|-------------------------|
| 2022 (1/1/2022 – 12/31/2022) - OR - 2023 (1/1/2023-12/31/2023) | | (if student is married) |
| Section A: Taxable Income – *If requesting review for 2021 tax year skip section A.* | | |
| Earned Income from Work (attach copy of most recent paystub(s)) | | \$ |
| Unemployment Compensation (Gross) | | \$ |
| Severance Package/ Retirement Benefits | | \$ |
| Alimony Received | \$ | \$ |
| Business, Farm or Rental Net Income | | \$ |
| Investment Income: Dividends, Interest, Net Rental Income, etc. | | \$ |
| Capital Gains (Sale of Property, etc.) | | \$ |
| Taxable Social Security or Welfare | | \$ |
| IRA/Retirement Account Withdrawals (not included Rollovers) | | \$ |
| Pensions and Annuity Income | \$ | \$ |
| S Corporation & Partnership Income | \$ | \$ |
| Section B: Untaxed Income | | |
| Child Support received | | \$ |
| Tax Exempt Interest Income | \$ | \$ |
| Untaxed portions of Pension and Annuity Income | | \$ |
| Other Untaxed Income: Worker's Compensation or Disability (not Social Sec.) | \$ | \$ |
| Non-Educational Veterans Benefits (Exclude GI Bill Benefits) | \$ | \$ |
| Payments to tax-deferred pensions and savings | \$ | \$ |
| IRA deductions & payments to self-employed SEP,SIMPLE,KEOG or other plans | \$ | \$ |
| Untaxed portions of IRA distributions | \$ | \$ |
| Military/Clergy Housing Allowance paid to you | \$ | \$ |
| Any other income (please itemize) | \$ | \$ |
| Section C: Additional Financial Information | | |
| Child Support Paid | \$ | \$ |
| Alimony Paid | \$ | \$ |
| Taxable Earnings from Need-Based Work-Study | \$ | \$ |
| Student Grants or Scholarships Reported to IRS | \$ | \$ |
| Taxable Combat Pay or Special Combat Pay | \$ | \$ |

- 5. **Notifications:** For all dependent students, notification of requests for additional information and documentation and, of the completion of review, will be sent only to the UM student email account. If a student would like for the information to be shared with their spouse or parent, they will need to forward requests to them.
- 6. Timeline: Our first priority is to ensure that all UM students have received their original financial aid offer prior to reviewing any special circumstance requests. In order to allow for sufficient time for the student and families to provide necessary documentation, the review of these requests will begin on May 1st, 2023 and will be reviewed in the order they are received. Please note: If the student is selected for verification based on their FAFSA application (which utilizes 2021 income), that review must be completed BEFORE the special circumstance can be requested, and therefore tax information requested for 2021 must also be provided.

Due to the volume of these requests you may experience a notable delay from the date your request is submitted to the date it is reviewed, as these can take up to 4-6 weeks for processing. *As a result, it is recommended for those*

SPCIR Revised: 04/26/23 UM Financial Aid Office: Special Circumstance – Student Medical Expense (continued – Page 2) students submitting an appeal less than 2 months before the start of a semester to accept what funds they are comfortable with from the awards listed in their original Financial Aid Offer. This accepted funding will assist with completing the payment process in Cyberbear. Then once the special circumstance appeal is processed, if the student is eligible for increased and/or better types of aid, those aid sources will be retroactively applied.

All requests and supporting documentation must be submitted by the 1st day of the final month of the semester for which the student is enrolled. For example: an autumn semester request must have all forms and documentation submitted by December 1st.

| 7. | Certification: By signing below, I certify that all of the information provided on this form is true and complete to t | | | | | | |
|----|--|--|--|--|--|--|--|
| | best of my/our knowledge and that I understand this request may require further documentation and is subject to | | | | | | |
| | the professional judgment of the UM Financial Aid Office staff. Decisions are made annually and on a case-by-case | | | | | | |
| | basis. Any decision is final and applies only to UM. I also acknowledge that while a change in financial circumstance | | | | | | |
| | may lower a student's Expected Family Contribution (EFC), it may not result in a change to the financial aid I have | | | | | | |
| | already been offered. Please note: if you purposely give false or misleading information, you may be fined \$20,000 | | | | | | |
| | sent to prison, or both (FAFSA: pg. 8, Step Seven, U.S Department of Education). | | | | | | |
| | | | | | | | |
| | Student signature Date | | | | | | |

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