

UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid

College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2024-2025 Request for Budget Adjustment-Child Healthcare

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Email	
Street Address	City	State	Zip Code	

If you feel the amounts in your Cost of Attendance (COA) listed on your Financial Aid Notification do not accurately reflect your current situation, you may be eligible to re-evaluate your COA. If your financial aid eligibility changes upon review of the documentation submitted, you will be notified accordingly. Approved adjustments may be divided equally between Fall and Spring terms.

Section B – Child Healthcare Expenses

For a student with a child(ren,) an allowance for Campus Care-dependent health insurance or medical expenses may be included in the budget. Only students with sole custody will see an increase equal to their costs (**must provide documentation showing custody/divorce decree**). Students with a spouse can get an increase for half of the documented child healthcare expenses.

Documentation Required:

- **Health Insurance**
 - A receipt or canceled check showing payment for Campus Care-dependent health insurance.
- **Medical Expenses:**
 - An explanation of benefits that shows dates of service, services rendered, the amount paid by insurance, and the student’s responsibility.
 - If the student has a spouse, provide documentation showing the child is not covered by the spouse’s insurance.

Deadline Dates for 2024-25 Budget Adjustment Appeals:

Fall Term: November 8, 2024 Spring Term: April 11, 2025 Summer Term: July 5, 2025

Section C – Statement of Certification

I certify that the information provided on this form and any attachments is true and correct.

Student Signature: _____ **Date:** _____

ENTER YOUR 9-DIGIT UIN 

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