

2021-2022 Professional Judgement (Excessive Medical Expense)

Student Name

EMPL ID

Tel #

Hunter College Email

@myhunter.cuny.edu

Ability to Benefit from an Appeal

Please refer to the below guidelines to determine if you will benefit from an appeal:

I have excessive out-of-pocket medical, dental or nursing home expenses.

The Office of Financial Aid can only consider an appeal for PAID medical expenses that exceed 11% of your family's AGI in the year they were incurred.

CUNY Hunter College recognizes that special circumstances may affect a student's eligibility for federal financial aid. Special circumstances can include, but are not limited to, loss of income, loss of employment, loss of benefits, death or divorce.

This request form is designed to document such information for review by the Office of Financial Aid. Complete **all** sections of this form and submit it with the appropriate documentation indicated in Step 1 and Step 2 of this form. Please note that additional documents may be requested.

If you and/or your family household have circumstances that have resulted in a reduction of income that is substantially less than what was reported on the FAFSA, you will need to meet with a Financial Aid Advisor before submitting your documentation for consideration.

To be considered for a Professional Judgement (Excessive Medical Expense) adjustment:

- **You must have a 2021-2022 FAFSA on file.**
- **If your FAFSA was selected for verification, the verification process must be completed before submitting this form.**

Professional Judgement decisions are final and are based upon the regulatory parameters established by the U.S. Department of Education.

Step 1: Please identify the special circumstance(s) from the list below and check the applicable box(es) for the person(s) affected.

Special Circumstance	Explanation	Person(s) Affected	Required Documentation
Unusual medical, dental or nursing home expenses	<p>Paid excessive medical/dental expenses not covered by insurance.</p> <p>Note: Expenses must exceed 11% of a family's adjusted gross income to be considered.</p>	<input type="checkbox"/> Spouse <input type="checkbox"/> Student <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2021-2022 Standard Verification Worksheet. • Detailed signed personal statement. • 2019 and 2020 Tax Return Transcripts, Tax Returns, W2s and/or 1099 forms. • Receipts of actual medical, dental or nursing home payments. • Documentation of costs covered by insurance.

Step 2: Provide a typed and signed (*handwritten signature*) detailed statement, in your own words, describing the changes that occurred.

The statement must include:

- Date when the circumstance(s) changed.
- Explanation of living expenses during this time period for:
 - You/Spouse
 - Parent (If dependent student)

Step 3: In the chart below, please indicate the monthly amount that is applicable to the time- frame indicated in Step 2.

Please complete all fields. Enter "0" for any fields that do not apply

Income Source	Student/Spouse	Parent
Wages earned	\$	\$
Unemployment Compensation	\$	\$
Pension Withdrawal	\$	\$
Worker's Compensation	\$	\$
Child Support Received	\$	\$
Child Support Paid	\$	\$
Veteran's Benefits	\$	\$
Disability Benefits	\$	\$
Severance Pay	\$	\$
Cash Support	\$	\$
Other Income	\$	\$
Total Income	\$	\$

Step 4: Certification

I certify that the information provided on this form, and supporting documents, is true and complete to the best of my/our knowledge. I agree to provide additional documentation, if requested. **I understand that if at any time there is a change in the estimate of the income that was submitted on this form, I will notify the Office of Financial Aid.** I understand that the Professional Judgment form submitted without required supporting documentation and letter of explanation will not be reviewed. **I also understand that submission of a Professional Judgment form does not guarantee that my financial aid will be adjusted, and that I am responsible for any outstanding balance owed to the college.**

Certification Statement: *Handwritten signature(s) ONLY*

Student Signature:	Date:
Spouse Signature (if applicable):	Date:
Parent Signature (Dependent Student Only):	Date: