

SYRACUSE LAW

Office of Admissions and Financial Aid

Cost of Attendance Adjustment Request for Student Health Insurance

Syracuse University requires all full-time students in the 2018-2019 academic year to carry some form of ACA-compliant health insurance. Those students with health insurance will be instructed to provide proof of ACA-compliance insurance coverage by completing an online waiver before the university's deadline.

If you don't complete the online waiver process to provide proof of coverage, or if you don't have health insurance coverage, you will be enrolled in and billed for the university-sponsored student health insurance plan. The cost for the university-sponsored student health insurance plan in the 2018-2019 academic year will be **\$1,730**. Students who require Dental and/or Vision must enroll separately and will be billed an additional cost.

If you purchase health insurance (either through the university-sponsored plan or on your own), the cost of the individual student policy may be included in your 2018-2019 academic year cost of attendance (*the cost to purchase insurance for a spouse or dependents cannot be included*) and allow you to request additional student loans cover costs.

Please check the appropriate box below to request an adjustment to the standard cost of attendance.

I have enrolled in the university-sponsored health insurance plan and request a budget adjustment for the 2018-2019 academic year in the amount of \$ _____

I also intend to enroll in the university-sponsored dental and/or vision plan. Please adjust my budget once billed.

I have purchased my own health insurance and request a budget adjustment for the 2018-2019 academic year in the amount of \$ _____

(Verification of insurance coverage and proof of payment must be submitted to document your request. Budget adjustments will only be reviewed for expenses that fall within the 9-months of the 18-19 academic year.)

Student Name: _____

SU ID Number: _____

Email Address: _____

Phone #: _____

Expected Graduation Date: _____

Please mail this form to:

Syracuse Law Office of Financial Aid
Dineen Hall, Cole Suite 100
Syracuse, NY 13244

Or send this information via email to:

financialaid@law.syr.edu

Please contact the College of Law Office of Financial Aid at (315) 443-1962 or via email at financialaid@law.syr.edu if you have questions regarding the budget.

SYRACUSE UNIVERSITY
COLLEGE OF LAW

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