

Cost of Attendance and Loan Adjustment Request for Student Health Insurance

Syracuse University requires all full-time students enrolled in campus-based programs to carry ACA-compliant health insurance. Students will be instructed to provide proof of ACA-compliant health insurance coverage by completing an online waiver before the university's deadline.

Students who don't have health insurance coverage and don't complete the online waiver process will be enrolled in and billed for the university-sponsored student health insurance plan. The premium cost for the student health insurance plan for the 2023-2024 academic year is \$2,474. Students who wish to enroll in the optional Dental and/or Vision plan will be billed an additional cost.

If you purchase health insurance (either through the university-sponsored plan or on your own), the premium plan cost can be included in your cost of attendance, allowing you to request additional student loans to cover the cost. (The cost to purchase insurance for a spouse or dependent(s) cannot be included.)

Please complete the information below to request an adjustment to the standard cost of attendance.

Student Name:	SU ID Number:
Email Address:	Date:
☐ I have enrolled in the university-sponsored heal 2024 academic year in the amount of \$	th insurance plan and request a budget adjustment for the 2023-
I also intend to enroll in the university-s once billed.	ponsored dental and/or vision plan. Please adjust my budget
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	request a budget adjustment for the 2023-2024 academic year in
(Verification of insurance coverage and proof of payment must reviewed for expenses that occur within periods of enrollment	be submitted to document your request. Budget adjustments will only be during the academic year.)
Loan Adjustment Request	
· · · · · · · · · · · · · · · · · · ·	sed to cover your health insurance plan cost. Please be aware of e your loans to include the premium cost and the origination fee nce plan cost.
Please increase my loan to cover the health insu	rance premium cost and associated loan origination fees.
Please email this form* to LawFinAid@syr.edu	or bring it in-person to Suite 100, Dineen Hall.
*You should not email sensitive information and	I may instead directly upload this form and anything

with personal identifying information through your MySlice account under your Financial Aid To Do list.