



2024-2025

BUDGET ADJUSTMENT REQUEST FORM – HEALTH INSURANCE

Name _____ ID# _____

You may be eligible to obtain supplemental student loan assistance. *This adjustment will increase your Federal Graduate PLUS loan if you have already borrowed the maximum Unsubsidized Stafford loan for the academic year.*

This form is to be used solely for increasing a student’s Cost of Attendance (COA) budget due to the following:

ILLINOIS TECH HEALTH INSURANCE CHARGES

Please complete this form in its entirety and return it, signed and dated to the Office of Financial Aid. The Office of Financial Aid reserves the right to require additional documentation when necessary. *An offer of additional student loan assistance is not guaranteed. Each COA adjustment is reviewed on a case-by-case basis.* Budget increase requests will be processed within 2 weeks of the Office of Financial Aid receiving your completed form. You will receive an email notification when your revised financial aid award is ready for you to view on the portal.iit.edu. **Note:** All financial aid is disbursed equally, among the Fall and Spring semesters.

ELIGIBILITY: If you have been charged Health Insurance through Illinois Tech/Chicago-Kent College, you may be eligible for an additional student loan. Vision and/or Dental insurance coverage through the University may also be considered with appropriate supporting documentation.

PLEASE NOTE THE FOLLOWING:

- *Please weigh whether the financial terms of an additional loan are more beneficial than the original method of payment.*
- *Please be aware that adjustments can only be made for actual, not anticipated changes in circumstances, and that this request may or may not result in an increase in your financial aid.*
- *This award will be disbursed equally, among the Fall and Spring semesters.*

DOCUMENTATION: Along with this completed and signed Budget Increase Request Form, you must submit documentation showing the cost of your institutional health insurance charges that have been applied to your Chicago-Kent student account. If you are appealing for Vision and/or Dental coverage through the University, please provide a copy of your Enrollment Receipt, as well as proof of payment of the coverage for Vision and/or Dental coverage.

REQUESTED LOAN AMOUNT: \$ _____

I have read all the terms and conditions on this form. (Required)

SIGNATURE: _____ **DATE:** _____