

I. BORROWER SECTION

1. SOCIAL SECURITY NUMBER	2. NAME OF BORROWER (LAST, FIRST, MI, MAIDEN)	3. TELEPHONE NUMBER
4. LAST KNOWN STREET ADDRESS	CITY STATE	ZIP CODE

II. LENDER SECTION

5. LENDER ID	6. LENDER NAME	7. LENDER TELEPHONE NUMBER
8. LENDER ADDRESS	CITY STATE ZIP CODE	9. CONTACT PERSON

III. CLAIM SECTION

10. CHECK THE REASON FOR CLAIM <input type="checkbox"/> (0) CLOSED SCHOOL <input type="checkbox"/> (1) DEFAULT - IS THERE A "CURE"? YES ___ <input type="checkbox"/> (2) BANKRUPTCY WITH 7 YRS IN REPAYMENT (CH 7 & 11) <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (4) PERMANENT AND TOTAL DISABILITY <input type="checkbox"/> (5) BANKRUPTCY LESS THAN 7 YRS IN REPAYMENT (CH 7 & 11) <input type="checkbox"/> (6) FALSE CERTIFICATION <input type="checkbox"/> (7) BANKRUPTCY CHAPTER 13 <input type="checkbox"/> (8) BANKRUPTCY CHAPTER 12		11. CHECK TYPE OF LOAN <input type="checkbox"/> A. FEDERALLY INSURED STUDENT LOAN <input type="checkbox"/> B. STAFFORD (FFEL) <input type="checkbox"/> C. UNSUBSIDIZED STAFFORD <input type="checkbox"/> D. SLS <input type="checkbox"/> E. CONSOLIDATION <input type="checkbox"/> F. PLUS <input type="checkbox"/> G. OTHER	
12. DATE STUDENT CEASED AT LEAST HALF-TIME STUDY _____ MM/DD/YY	13. LAST DAY OF GRACE PERIOD _____ MM/DD/YY	14. DATE FIRST PAYMENT DUE _____ MM/DD/YY	
15. DUE DATE OF MOST DELINQUENT PAYMENT _____ MM/DD/YY	16. LAST DATE INTEREST WAS PAID OR CAPITALIZED _____ MM/DD/YY		
17. GUARANTOR'S NAME	ADDRESS	CITY	STATE ZIP CODE
			18. GUARANTOR'S TELEPHONE NUMBER

IV. LOAN INFORMATION (For each loan, list the first actual disbursement date and unpaid principal balance)

19. Date of Disbursement	20. Amount of Disbursement	21. Annual Interest Rate	22. Amount of Capitalized Interest	23. Unpaid Principal Balance	Department of Education Use Only
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
Totals	\$		\$	\$	

V. COSIGNER/ENDORSEER INFORMATION (If applicable)

24. LAST NAME	FIRST NAME	MI	MAIDEN NAME	25. TELEPHONE NUMBER
26. ADDRESS CITY STATE ZIP CODE				
27. LAST NAME	FIRST NAME	MI	MAIDEN NAME	28. TELEPHONE NUMBER
29. ADDRESS CITY STATE ZIP CODE				

I certify that all the information provided in connection with this claim is true and correct and that this claim fully complies with the provisions of Title IV, Part B of the Higher Education Act of 1965, as amended (the Act) and all statutes and regulations applicable to the Federal Family Education Loan Program. I also certify that the loan satisfies all the requirements for payment under the Act and regulations and that (1) if I am filing a default claim, the borrower is not eligible for a deferment; and (2) the loan has been serviced in compliance with the Department of Education's regulations for due diligence in 34 C.F.R. Part 682. If I receive any payments related to this claim after I have submitted this form, I agree to send the money received to the Department of Education after the Department has paid the claim.

30. SIGNATURE OF OFFICER	31. TYPED NAME AND TITLE	32. DATE OF APPLICATION FOR INSURANCE CLAIM
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DO NOT WRITE BELOW THIS LINE (FOR ED use only)

DATE OF DEFAULT	SLIP DATE	APPROVED BY	DATE APPROVED
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