

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
FEDERAL HEALTH EDUCATION ASSISTANCE LOAN (HEAL) PROGRAM  
(42 U.S.C. 292-292o)

**LENDER'S APPLICATION FOR INSURANCE CLAIM**

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0915-0036. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

## General Information

The amount of Federal insurance payment received depends upon whether there is compliance with HEAL statute, regulations, and policies, including those concerned with the making, servicing, and collection of the loan or loans, and the timely submission of documents (See Sections 60.13 and 60.38 through 60.41.)

The following documents will assist you in completing this form: (1) HEAL Statute and Regulations; (2) Copy of borrower's application(s); (3) Original Promissory Note(s); (4) Copy of disbursement check(s); (5) Copy of borrower's deferment request(s); (6) Evidence of student enrollment status and date of separation; (7) Repayment schedule(s); (8) Copy of borrower's forbearance request(s); (9) Litigation, bankruptcy, death, or disability documents; and (10) Payment and servicing history of borrower's account.

## Instructions for completing the form

**Item 1a:** Holder (owner) of the HEAL loans. Provide six-digit holder identification number, institution's name, address, city, state, zip code, telephone number, including area code, and fax number.

**Item 1b:** Servicer may be the same organization as the holder or a different organization. This is where the loans are being serviced. Provide six-digit holder identification number, institution's name, address, city, state, zip code, telephone number, including area code, and fax number.

**Item 1c:** Claim Type. Place an "X" in the appropriate box that reflects the type of claim submitted.

**Item 2:** Provide borrower's name (if name has changed enter former name in parentheses), social security number, last known address, including city, state, name of foreign country borrower resides (if applicable) and zip code.

**Item 3:** Provide 12-digit HEAL Loan ID Number for each loan included in the claim, original loan and disbursed amount. For each loan ID number listed the holder must check appropriate columns as to documents included in the claim package under promissory note, application, repayment schedule, payment history, principal/interest calculation worksheet, and the number of months in deferment and forbearance.

**Item 4:** Claim Information. Complete all information requested regarding dates, yes or no answers by placing an "X" in the appropriate box.

**NOTE: Go to Item 5, 6, 7, 8, 9, 10, or 11 according to claim type selected.**

**Item 5:** Judgment Claim. Fill in all information requested.

**Item 6:** Bankruptcy Claim. Fill in all information requested.

**Item 7:** Skip Claim. Fill in all information requested.

**Item 8:** Unable to Serve Claim. Fill in all information requested.

**Item 9:** Disability Claim. Fill in all information requested.

**Item 10:** Death Claim. Fill in all information requested.

**Item 11:** Low Balance Claim. Fill in all information requested.

**Item 12:** Enter the total amount of principal and interest for all loans claimed.

**Item 12a:** Self-explanatory.

## The following must be completed before submitting the form:

- Assigned promissory note(s) to the United States Government.
- Certified copy of the judgment and original assignment of the judgment to the United States Government.
- A signed claim form with supporting documentation.

Send original and 2 copies of the claim form and all documentation to:  
Health Education Assistance Loan Program  
Parklawn Building, Room 8-37  
5600 Fishers Lane  
Rockville, Maryland 20857

# LENDER'S APPLICATION FOR INSURANCE CLAIM ON A FEDERAL HEALTH EDUCATION ASSISTANCE LOAN (HEAL)

FORM APPROVED:

OMB NO.0915-0036  
Exp. Date:

**WARNING:** Any person who knowingly makes a false statement or misrepresentation in a HEAL loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan, or commits any other illegal action in connection with a HEAL loan is subject to possible fine and imprisonment under Federal Statute.

<b>1a. HOLDER INFORMATION</b>  Holder ID Number: _____ Holder Name: _____ Address: _____ City/State/Zip _____ Code: _____ Telephone No.: _____ Fax: _____	<b>1b. SERVICER INFORMATION</b>  Servicer ID Number: _____ Servicer Name: _____ Address: _____ City/State/Zip Code: _____ Telephone No.: _____ Fax: _____	Original Claim Submission YES <input type="checkbox"/> NO <input type="checkbox"/> If no, date on DHHS letter rejecting original claim submission: _____
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<b>1c. CLAIM TYPE</b>								
Judgment <input type="checkbox"/>	Bankruptcy Chapter 11 <input type="checkbox"/>	Bankruptcy Chapter 13 <input type="checkbox"/>	Bankruptcy Adversary <input type="checkbox"/>	Skip <input type="checkbox"/>	Unable to Serve <input type="checkbox"/>	Disability <input type="checkbox"/>	Death <input type="checkbox"/>	Low Loan Amount <input type="checkbox"/>

<b>2. BORROWER INFORMATION</b>								
BORROWER NAME (Last, First, M.I.)	SOCIAL SECURITY NO.	LAST KNOWN ADDRESS	CITY	STATE OR FOREIGN COUNTRY	ZIP CODE			

3. HEAL LOAN INFORMATION AND DOCUMENTATION (Complete all columns for each loan listed.)												
Loan ID Number	Original Loan Amount Guaranteed	Amount Disbursed	Promissory Note (Check one column)		Application (Check one column)		Repayment Schedule		Payment History (Check for yes)	Principal & Interest Worksheet (Check for Yes)	No. of Months in Deferment	No. of Months in Forbearance
			Original	Copy with Affidavit	Original	Copy with Affidavit	Copy	Affidavit				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

BORROWER NAME (LAST, FIRST, M.I.)		SOCIAL SECURITY NO.				
<b>4. CLAIM INFORMATION</b>						
BORROWER SCHOOL SEPARATION DATE	REPAYMENT BEGIN DATE	REFINANCED LOAN YES <input type="checkbox"/> No <input type="checkbox"/>		MOST RECENT DELINQUENCY DATE	DATE REPORTED CREDIT BUREAU	
DUE DILIGENCE LETTER 1 DATE	DUE DILIGENCE LETTER 2 DATE	DUE DILIGENCE LETTER 3 DATE		DUE DILIGENCE LETTER 4 DATE	PRIOR BANKRUPTCY YES <input type="checkbox"/> NO <input type="checkbox"/>	
PCA 90 DAY LETTER DATE	PCA 120 DAY LETTER DATE	PCA 150 DAY LETTER DATE		FINAL DEMAND DATE		
<b>5. JUDGMENT CLAIM</b>						
DATE LITIGATION BEGAN	LITIGATION ID NUMBER	DATE OF JUDGMENT	DATE JUDGMENT ASSIGNMENT	DATE EXEMPLIFIED OR CERTIFIED JUDGMENT RECEIVED	POST-JUDGMENT INTEREST RATE (Percent Only)	CONTINUING INTEREST CLAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>6. BANKRUPTCY CLAIM</b> (All Bankruptcy claims must be filed within 10 days of notification and include required documentation.)						
DATE OF OFFICIAL NOTIFICATION OF BANKRUPTCY	FIRST MEETING OF CREDITORS INCLUDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	PROOF OF CLAIM INCLUDED? YES <input type="checkbox"/> NO <input type="checkbox"/>		TRANSFER OF PROOF OF CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		COPY OF BANKRUPTCY PLAN INCLUDED? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>ADVERSARY ONLY</b>	Basis for Objection included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Complaint? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date of Complaint	Copy of Summons? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Adversary Received?
<b>7. SKIP</b>		<b>8. UNABLE TO SERVE</b>				
Date Skip Tracing Began	Date of Determination	No. of Attempts to Serve	Was Service Attempted by Officers of the Court (Public Service)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Return of Service? YES <input type="checkbox"/> NO <input type="checkbox"/>	Last Attempt Date	Copy of Complaint Included? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>9. DISABILITY</b>						
Date Notified of Disability	Date Package sent to DHHS	Date of DHHS Approval				
<b>10. DEATH</b>						
Date Notified of Death	Date Official Notification of Death Received					
<b>11. LOW LOAN AMOUNT</b>						
All loans made prior to 11/14/88 <\$5000? YES <input type="checkbox"/> NO <input type="checkbox"/>	All loans made on or after 11/4/88<\$2500? YES <input type="checkbox"/> NO <input type="checkbox"/>		Claim Amount <\$1,000? YES <input type="checkbox"/> NO <input type="checkbox"/>			
12. TOTAL AMOUNT OF INSURANCE CLAIM (Principal and Interest): \$ _____ <i>I certify that the information on this form is correct. I have used standard commercial collection practices and conformed to the due diligence standards of the HEAL regulations and policy guidelines. The borrower is not entitled to the deferment of principal, as provided in the Promissory.</i> <i>Note(s). Any further payments by the borrower will be sent to the Public Health Service.</i>					<b>FOR PHS USE ONLY</b>	
12a. SIGNATURE OF AUTHORIZING OFFICIAL			12b. NAME AND TITLE (Please Print)			12c. DATE