

**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<br>___ (0) CLOSED SCHOOL<br>___ (1) DEFAULT - IS THERE A "CURE"? YES ___<br>___ (2) BANKRUPTCY WITH 7 YRS IN REPAYMENT (CH 7 & 11)<br>___ (3) DEATH<br>___ (4) PERMANENT AND TOTAL DISABILITY<br>___ (5) BANKRUPTCY LESS THAN 7 YRS IN REPAYMENT (CH 7 & 11)<br>___ (6) FALSE CERTIFICATION<br>___ (7) BANKRUPTCY CHAPTER 13<br>___ (8) BANKRUPTCY CHAPTER 12 |   | 11. CHECK TYPE OF LOAN<br>___ A. FEDERALLY INSURED STUDENT LOAN<br>___ B. STAFFORD (FFEL)<br>___ C. UNSUBSIDIZED STAFFORD<br>___ D. SLS<br>___ E. CONSOLIDATION<br>___ F. PLUS<br>___ G. OTHER |                                  |
| 12. DATE STUDENT CEASED AT<br>LEAST HALF-TIME STUDY _____<br>MM/DD/YY  | 13. LAST DAY OF<br>GRACE PERIOD _____<br>MM/DD/YY                   | 14. DATE FIRST<br>PAYMENT DUE _____<br>MM/DD/YY  |                                  |
| 15. DUE DATE OF MOST<br>DELINQUENT PAYMENT _____<br>MM/DD/YY   | 16. LAST DATE INTEREST<br>WAS PAID OR CAPITALIZED _____<br>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/ENDORSER 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 |
|--------------------------|--------------------------|---|

DO NOT WRITE BELOW THIS LINE (FOR ED use only)

|                 |           |             |               |
|-----------------|-----------|-------------|---------------|
| DATE OF DEFAULT | SLIP DATE | APPROVED BY | DATE APPROVED |
|-----------------|-----------|-------------|---------------|

