LENDER'S APPLICATION FOR PAYMENT OF INSURANCE CLAIMS
ED FORM 1207

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1845-0042.** Public reporting burden for this collection of information is estimated to average .27 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit under the Higher Education Act of 1965, as amended and 34 CFR Part 682, FFEL Program. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1845-0042. Note: Please do not return the completed Lender's Application for Payment of Insurance Claims, ED Form 1207 to this address.

I.   BORROWER SECTION

1. **Social Security Number**: Enter the social security number exactly as it appears on the student application for programs identified under III CLAIM SECTION item #11.
2. **Name of Borrower**: Enter the borrower's last name, first name, and middle initial. If the borrower's name has changed since the student application was submitted, enter the previous name in the space provided with parentheses, e.g., Jones, Mary A. (Smith).
3. **Telephone Number**: Enter the last telephone number of record, even if that number is known to be invalid.
4. **Last Known Address**: Enter the last address of record, even if that address is known to be invalid.

II.   LENDER SECTION

5. **Lender ID Number**: Enter the lender's six-digit identification number that was assigned by ED.
6. **Lender's Name**: Enter the lender's full name.
7. **Lender Telephone Number**: Enter the contact person's telephone number, including the area code.
8. **Lender's Address**: Enter the lender's full mailing address.
9. **Contact Person**: Enter the individual who would be able to respond to any inquiries regarding this claim submission.

III.   CLAIM SECTION

10. **Claim Reason**: Enter an "X" in the appropriate box. Please insure that documentation supporting the claim reason is attached to the claim.
11. **Loan Type**: Enter an "X" in the appropriate box. Please insure that documentation supporting the loan type is attached to the claim.
12. **Date Student Ceased at Least Half-time Study**: Enter the month, day and year. This item may not be left blank. If the borrower is still in school insert the words "IN-SCHOOL" in the space provided

for the date. (It is possible to have bankruptcy and default claims for nonpayment of interest on nonsubsidized loans during the in-school or grace period).

13. **Date Grace Period Ends**: Enter the date the borrower's grace period ended.
14. **Date First Payment Due**: Enter the exact date that the first payment was due in the six digit MMDDYY format (i.e., March 25, 1994 - 032594).
15. **Due Date of Most Delinquent Payment**: Enter the due date of the most delinquent payment.
16. **Last Date Interest was Paid or Capitalized**: Enter the date, if any, through which the borrower paid interest, capitalized, or subsidized by the Federal Government. this field can be left blank if no activity has occurred since the account was converted into repayment status.
17. **Guarantor's Name and Address**: Enter the name and full address of the last Guaranty Agency.
18. **Telephone Number**: Enter the guarantor's telephone number, if available.

IV.   LOAN INFORMATION

19. **Date of Disbursement**: Enter the actual date the loan or any portion of the loan was disbursed, not the date on the promissory note. IF there was more than one disbursement, list all disbursements.
20. **Amount of Disbursement**: Enter the gross amount of each disbursement that corresponds to each date listed in #19 above. The amount reported must be the amount listed on the promissory note, prior to any deductions for insurance premiums and origination fees. The total amount disbursed must not exceed the sum of the commitment amount reflected on the student application.
21. **Annual Interest Rate**: Enter the amount shown on the promissory note. The rate is not affected by any administrative cost allowance or special allowance that may have been paid to the lender.
22. **Amount of Capitalized Interest**: Enter the total amount of interest that has been capitalized under program regulations. Capitalized interest is that interest which has been accrued and then added to the previously unpaid principal balance.
23. **Unpaid Principal Balance**: Enter the unpaid principal balance. Note: This balance is net of any interest, except capitalized interest.

V.   COSIGNER/ENDORSER INFORMATION

24. **Name of Cosigner**: Enter the cosigner/endorser's last name, first name, and middle initial. If the cosigner/endorser's last name has changed, enter the previous name in the space provided.
25. **Telephone Number**: Enter the last telephone number of record even if that number is known to be invalid.
26. **Address**: Enter the last address of record, even if that number is known to be invalid.
27. Please use the description from #24.
28. Please use the description from #25.
29. Please use the description from #26.
30. **Signature of the Officer**: The signature of the individual submitting the claim for payment.
31. **Typed Name & Title**: Enter the name and title of the individual submitting the claim for payment.
32. **Date of Application for Insurance Claim**: Enter the date the claim is submitted for payment.