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

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

FORM APPROVED:
OMB NO1845-0127

Original Claim Submission
Yes $\square \quad$ No $\square$
If no, date on letter rejecting original claim submission:



## 13. Total Amount of Insurance Claim (Principal and Interest): \$ <br> $\qquad$ <br> 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 Note(s). Any further payments by the

FOR PSC USE ONLY borrower will be retumed to the bonrower.
14a. Signature of Authorizing Official
14b. Name and Title (Please Print)


