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

OMB Control Number 1845-0127 Expires Form Under Review

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 Statue.

Holder Name: Address: City/State/Zip Cox Telephone No.: _	er	1b. Servicer Information Servicer ID Number: Servicer Name: Address: City/State/Zip Code: Telephone No.: Fax:							Original Claim Submission Yes No Submission If no, date on letter rejecting original claim submission:					
1c. Claim Type Judgment				Bankruptcy Adversary			Skip	Unable to Serve		Disability	Death	Low Loan		Low Balance
]												
2. Borrower Info						•		•		•	•			
Borrower Name (Last, First , M.I.)			Social Security No	No. Last Kno			wn Address			City			e Or Country	Zip Code
3. Heal Loan Inf	ormation and	Documenta	ation (Complete all colu	mns for ea	ich loan listed.)								
Loan ID Number		Original L Amour Guarante	nt Disbursed	Promissory Note Original (Check for Yes)	Promissory Note Copy with Affidavit (Check for Yes)	Application Original (Check for Yes)	Application Copy (Check for Yes)	Repayment Schedule Copy (Check for Yes)	Repayment Schedule Affidavit (Check for Yes)	Payment History (Check for Yes)	Principal & Interest Worksheet (Check for Yes)		No. of Months in Deferment	No. of Months in Forbearance
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HEAL — 510	PAG ame (Last, Firs						Social Sec	urity No						
DOLLOWELING	aric (rast tha	r, 1 v1·1·)				'	JUCIAI JEC	uity 110.						

4. Claim Information																
Borrower School Separation Date		Repayment Begin Date			Refinanced Loan?				Most Recent Delinquency Date Re				Reported Credit Bureau Date			
				Yes	Yes \square No \square											
Due Diligence Letter 1	Due Diligence Letter 2 Date		Due	Due Diligence Letter 3 Date			Due	Due Diligence Letter 4 Date			Prior Bankruptcy?					
										Ye	Yes \square No \square					
PCA 90 Day Letter Date		PCA 120 Day Letter Date		PCA	PCA 150 Day Letter Date			Fina	l Demand Da	nte						
5. Judgment Claim																
Litigation Began Date Litigation II		ID Number Judgment Date		ate Judgment Assignmen				-		Post-Judgment Interest Ra		Rate	9			
							Judgment Received I		Received Dat	Date (Percer		nt Only) Clause?				
												Yes \square			No 🗆	
6. Bankruptcy Claim (All Bankruptcy claims must be filed within 10 days of notification and include required documentation.)																
Official Notification of Bankruptcy Date		First Meetin	g of Creditors Inc	duded?	ded? Proof of Claim Included?			Transfer of Proof of Claim?			Claim?	Copy of Bankruptcy Plan Included?			uded?	
		Yes \square No \square			Yes \square		Yes \square			No 🗆		Yes \square No \square				
Adversary Only		Basis for	Objection Includ	led?	Copy of C	nt?	Complaint Date Copy of S			of Summons?	ons? Adversary R		sary Received 1	Date		
		Yes	□ No □		Yes 🗆 No 🗆			Yes □ No			□ No					
7. Skip		8. Unable to	o Serve													
Skip Tracing Began	Determination	No. of Atter	npts to W	Was Service Attempted by Officers of the Co			ourt Return of Service? Last Atte			Last Attem	empt Date Copy of Complaint Included?					
Date	Date	Serve		(Public Service)? Yes			□ No □		Yes 🗆 N				Yes \square		No 🗆	
					,											
9. Disability																
Notified of Disability I	Packa	Package Sent to ED Date					ED Approval Date									
40 D. d																
10. Death Notified of Death Date Official Notification of Death Received Date																
				Official Notification of Death Received Date												
11. Low Loan																
All Loans Made Prior to 11/14/88 <\$5000? Yes \(\square\) No \(\square\) All Loans Made on After 11/4/88 <\$2500? Yes \(\square\) No \(\square\)																
12. Low Balance																
Claim Amount <\$100	0? Yes □	No [
13. Total Amount of								FOR PSC USE ONLY								
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 borrower will be returned to the borrower.																
14a. Signature of Aut			missory Note(s). n d Title (Please		ier paymen	us by the	e Domower Will	ve retum	ieu to trie Domow	eı.	14c. Date					
ing organization Aut	170.1	2 - 151 - 15														