

U.S. DEPARTMENT OF EDUCATION
Federal Student Aid
OMB Control Number 1845-0127 **Form Under Review**
FEDERAL HEALTH EDUCATION ASSISTANCE LOAN (HEAL) PROGRAM
(42 U.S.C. 292-2920) and the Consolidation Appropriations Act, 2014
LENDER'S APPLICATION FOR INSURANCE CLAIM

PRA Burden Statement: 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 1845-0127. Public reporting burden for this collection of information is estimated to average 30 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 benefit (Title VII, Part A, Subpart I of the Public Health Service Act (42 U.S.C. 294m) and the Consolidated Appropriations Act, 2014). If you have comment or concerns regarding the status of your individual submission of this form, please contact the HEAL Program, U.S. Department of Education 830 First Street NE, Washington, DC 20202 directly. [Note: Please do not return the completed form to this address.]

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(s) and the timely submission of documents. (See Section 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 reside (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, and signify yes or no answers by placing an "X" in the appropriate box.

NOTE: Go to Item 5, 6, 7, 8, 9, 10, 11, or 12 according to claim type selected.

Item 5. Judgment Claim	Fill in the information requested or check yes or no.
Item 6. Bankruptcy Claim	Fill in all information requested or check yes or no.
Item 7. Skip Claim	Fill in all information requested or check yes or no.
Item 8. Unable to Serve Claim	Fill in all information requested or check yes or no.
Item 9. Disability Claim	Fill in all information requested or check yes or no.
Item 10. Death Claim	Fill in all information requested or check yes or no.
Item 11. Low Loan Amount Claim	Check yes or no.
Item 12. Low Balance Claim	Check yes or no.
Item 13. Enter the total amount of principal and interest for all loans claimed.	
Items 14a., 14b., and 14c.	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 one copy of this form and all other documentation to:

Health Education Assistance Loan (HEAL) Program
Program Support Center (PSC)
Accounting Services – Debt Collection
7700 Wisconsin Avenue,
Mail Stop 10230B
Suite 8-8110D
Bethesda, MD 20857