## 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.

1a. Holder Information   Holder ID Number:   Holder Name:   Address:   City/State/Zip Code:   Telephone No.: Fax:					1b. Servicer Information  Servicer ID Number:  Servicer Name:  Address:  City/State/Zip Code:  Telephone No.:  Fax:							——— If no date on letter rejecting original claim					
<b>1c. Claim Type</b> Judgment	Bankruptcy C	hapter 11	Bankruptcy Chapter 13	Bankru	ptcy Adversar	y	Skip	Unab	le to Serve	Disability	Death	Low L	oan	Low Balance			
2. Borrower Info						'		•		•			,				
Borrower Name (Last, First , M.I.)			Social Security No.		Last Known .		wn Address	n Address		City		Sta	ate Or Country	Zip Code			
3. Heal Loan Inf	formation and	Documenta	ntion (Complete all colu	ımns for ea	nch loan listed.	)											
Loan ID Number		Original L Amoun Guarante	nt Disbursed	Promissory Note Original (Check for Yes)	Promissory Note Copy with Affidavit (Check for Yes)	Application Original (Check for Yes)	Copy	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			
HEAL — 510 Borrower Na	PAGE ame (Last, First,						Social Secu	rity No.									

4. Claim Information															
Borrower School Separation Date		Repayment Begin Date			Refinanced Loan?				st Recent Deli	Date Re	Reported Credit Bureau Date				
				Yes	Yes $\square$ No $\square$										
Due Diligence Letter 1	Date	Due Diligence Letter 2 Date			Due Diligence Letter 3 Date				Diligence Le	ate Pri	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 I		ID Number   Judgment Date		2 Judgment Assignment				mplified or Certified Po ment Received Date		_	Post-Judgment Interest Rat		<u> </u>		
										te	(Percent Only)			Clause?	
												Yes $\square$			No 🗆
<u> </u>	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?			
		Yes $\square$ No $\square$			Yes $\square$		] Yes □			No 🗆 Ye		Yes $\square$ No $\square$			
Adversary Only		Basis for Objection Included			Copy of C	nt?	Complaint Date Copy			y of Summons?		Adversary Received Date			
		Yes	□ No □		Yes $\square$ No $\square$			Yes □ No			□ No				
7. Skip		8. Unable to	o Serve												
Skip Tracing Began Determination				Was Service Attempted by Officers of the Co			ourt Return of Service? Last Atter			Last Attem	mpt Date Copy of Complaint Included?				
Date	Date	Serve	(P	(Public Service)? Yes □			□ No □		Yes 🗆 N			Y		Yes $\square$ No $\square$	
					,										
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 Polification 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 Insurance Claim (Principal and Interest): \$												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			14b. Name and Title (Please Print)								eı.	14c. Date			
ing organization Aut	170.1	The time time time (Theoretime)													