

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 Statute.

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: _____

Original Claim Submission

Yes No

If no, date on letter rejecting original claim submission: _____

1c. Claim Type									
Judgment <input type="checkbox"/>	Bankruptcy Chapter 11 <input type="checkbox"/>	Bankruptcy Chapter 13 <input type="checkbox"/>	Bankruptcy Adversary <input type="checkbox"/>	Skip <input type="checkbox"/>	Unable to Serve <input type="checkbox"/>	Disability <input type="checkbox"/>	Death <input type="checkbox"/>	Low Loan <input type="checkbox"/>	Low Balance <input type="checkbox"/>

2. Borrower Information					
Borrower Name (Last, First, M.I.)	Social Security No.	Last Known Address	City	State Or Country	Zip Code

3. Heal Loan Information and Documentation (Complete all columns for each loan listed.)												
Loan ID Number	Original Loan Amount Guaranteed	Amount 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
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Borrower Name (Last, First, M.I.)	Social Security No.
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4. Claim Information						
Borrower School Separation Date	Repayment Begin Date	Refinanced Loan? Yes <input type="checkbox"/> No <input type="checkbox"/>	Most Recent Delinquency Date	Reported Credit Bureau Date		
Due Diligence Letter 1 Date	Due Diligence Letter 2 Date	Due Diligence Letter 3 Date	Due Diligence Letter 4 Date	Prior Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
PCA 90 Day Letter Date	PCA 120 Day Letter Date	PCA 150 Day Letter Date	Final Demand Date			
5. Judgment Claim						
Litigation Began Date	Litigation ID Number	Judgment Date	Judgment Assignment Date	Exemplified or Certified Judgment Received Date	Post-Judgment Interest Rate (Percent Only)	Continuing Interest Clause? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Bankruptcy Claim (All Bankruptcy claims must be filed within 10 days of notification and include required documentation.)						
Official Notification of Bankruptcy Date	First Meeting of Creditors Included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Claim Included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Transfer of Proof of Claim? Yes <input type="checkbox"/> No <input type="checkbox"/>		Copy of Bankruptcy Plan Included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adversary Only	Basis for Objection Included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	Complaint Date	Copy of Summons? Yes <input type="checkbox"/> No <input type="checkbox"/>	Adversary Received Date	
7. Skip		8. Unable to Serve				
Skip Tracing Began Date	Determination Date	No. of Attempts to Serve	Was Service Attempted by Officers of the Court (Public Service)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Return of Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Attempt Date	Copy of Complaint Included? Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Disability						
Notified of Disability Date			Package Sent to ED Date		ED Approval Date	
10. Death						
Notified of Death Date				Official Notification of Death Received Date		
11. Low Loan						
All Loans Made Prior to 11/14/88 <\$5000? Yes <input type="checkbox"/> No <input type="checkbox"/>			All Loans Made on After 11/4/88 <\$2500? Yes <input type="checkbox"/> No <input type="checkbox"/>			
12. Low Balance						
Claim Amount <\$1000? Yes <input type="checkbox"/> No <input type="checkbox"/>						
13. Total Amount of Insurance Claim (Principal and Interest): \$ _____ 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 defement of principal, as provided in the Promissory Note(s). Any further payments by the borrower will be returned to the borrower.					FOR PSC USE ONLY	
14a. Signature of Authorizing Official			14b. Name and Title (Please Print)			14c. Date