

Student Loan Deferment Request

Health Professions Student Loan (HPSL)

Loans for Disadvantaged Students (LDS)

Nursing Student Loan (NSL)

Primary Care Loan (PCL)



HRSA
Health Resources & Services Administrator

YOU CAN RETURN THIS FORM ONLINE BY UPLOADING THE COMPLETED FORM AND ANY SUPPORTING DOCUMENTATION.

How do I upload the form and supporting documents?

Step 1: To upload the completed form and any supporting documentation, you must sign in to your online account at heartland.ecsi.net.

Step 2: Select the account you want to apply the deferment to by Viewing the Account.

Step 3: Under the **Documents Section**, click on the **Download or Upload Entitlement Form** button located at the top of the Documents page.

Step 3: Set the response to "Have you downloaded the entitlement form yet?" to **Yes**.

Step 4: Select the form name that you are uploading from the **Select a Form** dropdown list.

Step 5: Click on the **Choose a File to Upload** link and select the file you would like to upload. You can upload up to 5 documents per entitlement form type.

IMPORTANT: The file format for the document(s) that you upload must be PDF. The file size for each file uploaded must be less than 4MB per file.

Step 6: Once you have added all of the documents you would like to upload, click on the **Submit** button. You will receive an on-page confirmation that your documents have been uploaded successfully.

You can view the documents you uploaded under the Entitlement Documents section on the Documents page.

Don't have an online account?

Go to heartland.ecsi.net, click on the **Help Center**, and select **Are You New to Heartland ECSI**. Follow the instructions to Create a Profile and Connect an Account.

You can also return this form via U.S. Mail at the address listed on the form.

INSTRUCTIONS FOR COMPLETING THE STUDENT LOAN DEFERMENT REQUEST FOR HPSL, LDS, NSL, AND PCL LOANS

Part I: Borrower Information

Complete this section in its entirety. It is recommended that you include your email address to expedite communication about the status of your form.

- Circle which loan program for which you are requesting a deferment.
- Enter the discipline for your studies.
- Enter the date you want your deferment to begin and the date you want your deferment to end. *Please note that deferments or cancellations can be posted for a period of 12 months. If your deferment or cancellation will extend beyond 12 months, you will need to resubmit your application at least 30 days prior to your deferment end date.*

You must sign and date this form in the area specified on the form. Your signature can be an electronic signature or an ink signature.

If the form is not properly signed, your request will be rejected.

IMPORTANT: You must sign and date this form no more than 45 days before you submit the form.

Part II: Deferment Activity Type

You must select one of the eligibility criteria under the loan category for which you are applying. For example, if you are applying for a deferment for your Health Professional Student Loan (HPSL), you must select one of the eligibility criteria under the Health Professional Student Loan (HPSL) section.

Part III: Authorized or Designated Official's Certification

If you are requesting a deferment **based on your advanced professional training status**, **Section A** must be completed in its entirety by an authorized individual at your school or teaching hospital.

If you are requesting a deferment **based on your Military or Peace Corps status**, **Section B** must be completed in its entirety by an authorized individual for your uniformed service organization or Peace Corps organization

IMPORTANT: The authorized individual must sign and date this form no more than 30 days before you submit the form.

Part IV: Do not complete this section. This will be completed by the school or servicer that is reviewing your form.

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PLEASE READ CAREFULLY BEFORE YOU COMPLETE THIS REQUEST:

1. Recipients of funds from the Department of Health and Human Services federal programs'--Health Professions Student Loan, Loans for Disadvantaged Students, Nursing Student Loan, and Primary Care Loan--are responsible for requesting and certifying to the institution from which they received the loan their eligibility for deferment.
2. Deferments are only granted for specific activities (see Part II below). You must be participating in one of these activities to be eligible for deferment under this program. Deferments are granted on an annual basis. **You must submit this form each year if you need to defer payments.** If you fail to submit this form to your school by payment due date, your school is required to consider your loan past due, and must take action to collect as required by the program regulations.
3. The institution from which you received your Title VII or Title VIII loan funds may have their own Deferment Request form. Please contact your institution to see if they have and prefer you use their form.
4. It is your responsibility to immediately notify the institution from which you received the loan funds of anything that has change that might impact your deferment eligibility, should the Deferment Request be granted.
5. While your Loan Servicer may contact you regarding the status of this Deferment Request, it is ultimately your responsibility to confirm your eligibility for deferment. Your school is considered the lender for these loans, acting as an agent of the federal government. However, they may contract with an organization called a Loan Servicer to work with you during repayment.
6. These loans are not reflected on the National Student Loan Data System (NSLDS).

INSTRUCTIONS:

1. Complete Part I in its entirety, sign, and date.
2. Complete Part II by indicating the category under which you are applying to defer payments on your loan with this Deferment Request.
3. Complete Part III by talking to the appropriate Designated Official at your school, teaching hospital, or service organization, for completion and signature of Part III, based on your deferment category selected in Part II.
4. Make a copy for your records.
5. Submit original signed request to your institution from which you received your loan funds or the Loan Servicer, taking note of when and where you submitted this Deferment Request. Refer to the information provided at your Loan Exit Interview for information on where to submit this Deferment Request. If you are unsure where, please contact the school. This request must be submitted prior to you receiving deferment.
6. Contact your institution or Loan Servicer after a designated period of time to confirm not only receipt of this Deferment Request, but its status.
7. If your circumstances change and you cease to become eligible for deferment status, please notify the school immediately upon termination of your status.

RETURN FORM TO:

ECSI

P.O. Box 1289

Moon Township, PA 15108



HRSA
Health Resources & Services Administration

Nursing Student Loan (NSL)

- Active Duty as a member of a uniformed service of the United States (maximum 3 years)
- Volunteer under the Peace Corps Act (maximum 3 years)
- Enrolled Full-Time or Half-Time in a collegiate nursing school (maximum 10 years)
- Pursuing advanced professional training in nursing, including training in nurse anesthetist. (maximum 10 years)

Primary Care Loan (PCL)

- Active Duty as a member of a uniformed service of the United States (maximum 3 years)
- Volunteer under the Peace Corps Act (maximum 3 years)
- Pursuing advanced professional training in Primary Care, including internships and residencies (unlimited years)
(Please note a residency program must be completed within 4 years of graduation from medical school.)
- Leave of Absence to pursue related educational activity (maximum 2 years)
- Graduate fellowship program or related graduate educational activity (maximum 2 years)

PART III: TO BE COMPLETED BY DESIGNATED OFFICIAL

- A. This section should be completed by a *Designated Official* who can verify your enrollment status (including any *Leave of Absence*) should you be requesting deferment based on your advanced professional training status. This includes participation in internships, residencies and graduate fellowship programs.

Name and Contact Information for Authorizing Official at School or Teaching Hospital

Name _____
Title _____
School or Hospital _____
Address _____

Phone _____
Email _____
Program Name _____

This is to certify that the borrower's program, as referenced in the appropriate category above began or will begin and is scheduled to end on the following dates:

Program Start Date: _____ **Scheduled Program Completion Date:** _____
mm/dd/yyyy mm/dd/yyyy
Signature _____ **Date** _____
mm/dd/yyyy

- B. This section should be completed by a *Designated Official* who can verify your military or Peace Corps status should you be requesting Deferment based on one of those categories.



Name and Contact Information for Uniformed Service or Peace Corps Official (for borrowers applying under Active Duty or Peace Corps eligibility criteria:

Name _____
Title/Rank _____
Service Organization _____
Address _____

Phone _____
Email _____
Location of Service _____

Borrower's Uniformed Service Serial Number* _____

Signature _____ **Date** _____
mm/dd/yyyy

* The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, deployed National Guard, National Oceanic and Atmospheric Administration Corps, and the U.S. Public Health Service Commission Corps.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under Federal Statute.

PART IV: TO BE COMPLETED BY THE INSTITUTION

This section should be completed by the institution from which you received the Federal Title VII or Title VIII funds, or the Loan Servicer under contract with the institution to service these loans.

Approved _____

Denied _____

Denial Reason

Date Request Processed _____
mm/dd/yyyy

Date Borrower Notified _____
mm/dd/yyyy

Amount of Loan Deferred _____



Expiration Date of Approved Deferment Period _____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0047. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

