

GENERAL BENEFIT INFORMATION FOR
FULL-TIME NURSE, MEDICAL TECHNICIANS OR FIRE FIGHTERS

A borrower is entitled to have up to 100% of their Federal Perkins Loan canceled for qualifying service as a full-time nurse or medical technician providing health care services. As of 8/14/2008, full-time fire fighters are also eligible for cancellation. No portion of any loan may be canceled for services the borrower performed before the date the loan was disbursed, or during the same period the loan was received. The cancellation rate per year of service is as follows:

- **15%** of the original principal loan amount for each of the first and second years
- **20%** of the original principal loan amount for each of the third and fourth years
- **30%** of the original principal loan amount for the fifth year

A borrower is responsible for applying for benefits by completing the appropriate form and for providing any documentation requested supporting cancellation eligibility.

DEFINITION OF NURSE, MEDICAL TECHNICIAN and FIRE FIGHTER

Nurse: A registered nurse or licensed practical nurse licensed by the appropriate state agency in the state the service is provided.

Medical Technician: A health professional providing specialized medical services who is certified, registered or licensed by the appropriate state agency in the state in which the service is provided. For a listing of Allied Health professions that may be eligible for Medical Technician deferment and cancellation please visit <https://explorehealthcareers.org/field/allied-health-professions/>

Fire Fighter: A fire fighter for service to a local, State or Federal fire department or fire district.

DEFERMENT: If you are working in a position which you believe will qualify you for partial cancellation, a form requesting deferment must be filed at the start of service to suspend billing and defer payments of principal and interest. A six-month post-deferment grace period follows.

CANCELLATION: Cancellation applications must be submitted at the completion of each twelve months of service.

Improper completion of forms will cause delays in updating your loan. Until the SUNY Student Loan Service Center receives all the proper documentation, you will continue to receive notices that payment is due. Your loan will be subject to late fees and credit bureau reporting. Not filing a form in a timely manner is equivalent to sending payment past the due date.

Return your completed forms by mail, fax or email to:

**SUNY Student Loan Service Center
5 University Place
Rensselaer, New York 12144-3440
Fax# (518) 525-2600
Email: SLSC@albany.edu**

Please call (518) 525-2626 to speak with a representative of the SUNY Student Loan Service Center if you require assistance with completing your deferment or cancellation request.

**STATE UNIVERSITY OF NEW YORK
STUDENT LOAN SERVICE CENTER**

5 UNIVERSITY PLACE
RENSELAER, NY 12144-3440
Telephone: (518) 525-2626; Fax: (518) 525-2600
Email: slsc@albany.edu

**FEDERAL PERKINS LOAN PROGRAM REQUEST FOR DEFERMENT / CANCELLATION
NURSE, MEDICAL TECHNICIAN or FIRE FIGHTER**

NAME: _____ 898-____-____-____-____ OR _____
(Please print full name) (Enter your SUNY SLSC SID #) (Last 4 digits of SSN)

MAILING ADDRESS: _____

PLEASE READ THE GENERAL INFORMATION BEFORE COMPLETING THIS FORM

PART I: To be completed by applicant.

****YOU MUST ATTACH A COPY OF YOUR CURRENT STATE CERTIFICATION, REGISTRATION OR LICENSE EVERY YEAR****

I declare I am/was employed full-time as:

_____ a nurse or medical technician who is certified, registered or licensed by the state in the field of _____
providing medical services during the period for which I am requesting benefits. (Medical Field)

_____ a fire fighter for service to a local, State or Federal fire department or fire district. (effective 08/14/2008)

I am requesting:

_____ **DEFERMENT** from ____/____/____ to ____/____/____ as **I anticipate completing one full year of service.**
(EMPLOYMENT DATES MUST EQUAL ONE YEAR)

_____ **CANCELLATION** from ____/____/____ to ____/____/____ as **I have completed one full year of service.**
(EMPLOYMENT DATES MUST EQUAL ONE YEAR)

DECLARATION: I declare all information provided in the request is true and correct. I will notify the SUNY SLSC immediately of any change in my employment and begin payment if required.

Signature of Borrower

Date

Email Address

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and New York State Penal Law.

PART II: To be completed by an official of the employing agency.

I certify that the information stated in Part I above is true and correct.

Agency Officials Name/Signature/Title (signature stamp is unacceptable)

Date

Name of Agency

Address

Telephone Number

PART III: SUNY SLSC Determination

Approved and processed for:

Initials/Date:

Denied/Reason: