Federal Perkins Loan
Cancer Treatment Deferment Request

A borrower may defer repayment during the period that he or she is receiving cancer treatment, and for 6 months following the conclusion of the deferment. For your Perkins Loan to be considered for Cancer Treatment Deferment eligibility, your loan must have been in repayment on or before September 28, 2018. You must apply for recertification of deferment eligibility following each year of treatment.

To apply for Cancer Treatment Deferment of your Federal Perkins Loan with the State University of New York (SUNY), you must complete the attached U.S. Department of Education’s deferment request form and return it to the SUNY Student Loan Service Center by mail, fax (518)525-2600 or email slsc@albany.edu. Please note that the reference to capitalized interest and period of forbearance within the deferment request, does not apply to your Federal Perkins Loan.

Submission of a complete deferment request will assist us in expediting the determination of your deferment eligibility. Please use the checklist below to guide you with completing your application.

☐ This is a request to defer payment on a Federal Perkins Loan with the State University of New York.
☐ My Federal Perkins Loan entered repayment on or prior to September 28, 2018.
☐ Physician Certification is complete, to include all supporting documentation and physician’s signature.
☐ If eligible, my deferment will begin on the later of September 28, 2018, or when I began receiving treatment.
☐ The entire deferment request form has been carefully read prior to submission.
☐ Request is signed and dated by the borrower. (Section 3)

If you are not eligible for Cancer Treatment Deferment, you may be eligible to receive a period of forbearance. Apply for forbearance using the General Forbearance Request located in the Borrowers section of the SLSC website.

Please contact the SUNY SLSC by telephone at (518) 525-2626 or email: slsc@albany.edu, with any questions that you have relating to your application for deferment. Allow two weeks for the processing of your request. You will receive written confirmation from the SLSC as to whether or not your deferment request meets the requirements of approval.
CANCER TREATMENT DEFERMENT REQUEST
William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER INFORMATION
For your security, provide your SUNY Student ID in lieu of SSN.

Please enter or correct the following information.
[ ] Check this box if any of your information has changed.

<table>
<thead>
<tr>
<th>SSN</th>
<th>SID 898-______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>_______________________</td>
</tr>
<tr>
<td>Address</td>
<td>_______________________</td>
</tr>
<tr>
<td>City</td>
<td>State ____ Zip Code ____</td>
</tr>
<tr>
<td>Telephone - Primary</td>
<td>________________</td>
</tr>
<tr>
<td>Telephone - Alternate</td>
<td>________________</td>
</tr>
<tr>
<td>Email (Optional)</td>
<td>_____________________</td>
</tr>
</tbody>
</table>

SECTION 2: PHYSICIAN CERTIFICATION
Note: As an alternative to completing this section, you may attach separate documentation from a doctor of medicine or osteopathy legally authorized to practice medicine that includes all of the information requested below.

- Is or was the individual named above scheduled to receive or receiving cancer treatment in your care?
  [ ] Yes. [ ] No.

- Has the treatment been completed yet?
  [ ] Yes. [ ] No.

I certify, to the best of my knowledge and belief, and in my best medical judgment: that the information that I have provided is accurate and that I am a doctor of medicine or osteopathy who is legally authorized to practice medicine.

<table>
<thead>
<tr>
<th>Physician's Name</th>
<th>_____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>_____________________</td>
</tr>
<tr>
<td>Telephone</td>
<td>_____________________</td>
</tr>
<tr>
<td>City</td>
<td>State ____ Zip Code ____</td>
</tr>
</tbody>
</table>

Physician's Signature ___________________ Date ______________

SECTION 3: BORROWER REQUESTS, UNDERSTANDINGS, AND AUTHORIZATION
I request:
- A deferment on my eligible loans and forbearance on my ineligible loans during cancer treatment and for 6 months after.
  [ ] I want to make interest payments on my ineligible loans during forbearance.
  [ ] I do not want a forbearance to be applied to my loans which are ineligible for the deferment.

I understand that:
- I am not required to make payments of loan principal or interest during my deferment or forbearance.
- My deferment or forbearance will begin on the later of September 28, 2018, or when I began receiving treatment.
- My loan holder may grant me a forbearance while processing my application or to cover any period of delinquency.
- If my treatment is expected to last for longer than 1 year, my loan holder may assume that my treatment will last one year, but give me the opportunity to extend my deferment based on another certification from my physician.
- I am not responsible for paying interest on my loans that receive an interest subsidy during the deferment.

I authorize the entity to which I submit this request and its agents to contact me regarding my request or my loans at any cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's Signature ___________________ Date ______________
SECTION 4: INSTRUCTIONS FOR COMPLETING THE DEFERMENT REQUEST

Type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Example: March 14, 2018 = 03-14-2018. Include your name and account number on any documentation that you are required to submit with this form. If you want to apply for a deferment on loans that are held by different loan holders, you must submit a separate deferment request to each loan holder. Return the completed form and any required documentation to the address shown in Section 6.

SECTION 5: DEFINITIONS

**Capitalization** is the addition of unpaid interest to the principal balance of your loan. Capitalization causes more interest to accrue over the life of your loan and may cause your monthly payment amount to increase. Interest never capitalizes on Perkins Loans. Table 1 (below) provides an example of the monthly payments and the total amount repaid for a $30,000 loan. The example loan has a 6% interest rate and the example forbearance lasts for 12 months and begins when the loan entered repayment. The example compares the effects of paying the interest as it accrues or allowing it to capitalize. For the example where interest is paid, the borrower pays the $1,800 of interest that accrued during the forbearance and before the forbearance ends to avoid the impact of interest capitalization.

A **deferment** is a period during which you are entitled to postpone repayment of your eligible loans. For the cancer treatment deferment, with limited exception, you will not be charged interest on any of your qualifying loans that receive an interest subsidy. However, you will be responsible to pay interest on the following loans: Federal PLUS Loans, Federal Unsubsidized Consolidation Loans, Federal Supplemental Loans for Students (SLS), National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loans). On loans made under the Perkins Loan Program, all deferments are followed by a post-deferment grace period of 6 months, during which time you are not required to make payments.

**Eligible Loan** is a loan under the Direct Loan Program, FFEL Program, or Perkins Loan Program which either was made on or after September 28, 2018 or had entered repayment on or before September 28, 2018.


The **Federal Perkins Loan (Perkins Loan) Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loans).

A **forbearance** is a period during which you are allowed to stop making payments, an extension of time for making payments, or to make smaller payments. Interest continues to accrue during forbearance and will capitalize at the conclusion of the forbearance period if not paid.

The **holder** of your Direct Loans is the Department. The holder of your FFEL Program loans may be a lender, guaranty agency, secondary market, or the Department. The holder of your Perkins Loans is an institution of higher education or the Department. Your loan holder may use a servicer to handle billing and other communications related to your loans. References to “your loan holder” on this form mean either your loan holder or your servicer.

The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans.

### Table 1. Capitalization Chart

<table>
<thead>
<tr>
<th>Treatment of Interest with Forbearance</th>
<th>Loan Amt.</th>
<th>Capitalized Interest</th>
<th>Outstanding Principal</th>
<th>Monthly Payment</th>
<th>Number of Payments</th>
<th>Total Repaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest is paid</td>
<td>$30,000</td>
<td>$0</td>
<td>$30,000</td>
<td>$333</td>
<td>120</td>
<td>$41,767</td>
</tr>
<tr>
<td>Interest is capitalized at the end</td>
<td>$30,000</td>
<td>$1,800</td>
<td>$31,800</td>
<td>$353</td>
<td>120</td>
<td>$42,365</td>
</tr>
<tr>
<td>Interest is capitalized quarterly and at the end</td>
<td>$30,000</td>
<td>$1,841</td>
<td>$31,841</td>
<td>$354</td>
<td>120</td>
<td>$42,420</td>
</tr>
</tbody>
</table>

SECTION 6: WHERE TO SEND THE COMPLETED DEFERMENT REQUEST

Return the completed form and any documentation to: (If no address is shown, return to your loan holder.)

**SUNY Student Loan Service Center**  
5 University Place  
Rensselaer, New York 12144-3440

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)

**Telephone:** (518) 525-2626  
**Email:** slsc@albany.edu
To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** 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 1845-0154. Public reporting burden for this collection of information is estimated to average 10 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 a benefit in accordance with Public Law Number 115-245. If you have comments or concerns regarding the status of your individual submission of this form, please contact your loan holder directly (see Section 7).