

Health Professions Student Loan (HPSL); Loans for Disadvantaged Students (LDS); Primary Care Loan (PCL) Deferment Request

PLEASE READ CAREFULLY BEFORE YOU COMPLETE THIS REQUEST

1. Recipients of funds from the Department of Health and Human Services Federal HPSL, LDS and PCL programs 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 completed form to the SUNY Student Loan Service Center 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. It is your responsibility to immediately notify the SUNY Student Loan Service Center of any change that might impact your Deferment eligibility, should the Deferment Request be granted.
4. While the SUNY Student Loan Service Center 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.
5. These loans are not reflected on the National Student Loan Data System (NSLDS).

INSTRUCTIONS FOR COMPLETING YOUR DEFERMENT REQUEST

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.
3. Complete Part III by taking 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. Submit completed original signed request to the SUNY Student Loan Service Center at the following address: 5 University Place, Rensselaer NY 12144-3440. This request must be submitted prior to you receiving deferment.
5. You may follow-up on the status of your submitted form by telephoning (518) 525-2626 or emailing slsc@albany.edu. If your circumstances change and you cease to become eligible for deferment status, please notify the SUNY Student Loan Service Center immediately upon termination of your status.

PART I: TO BE COMPLETED BY BORROWER

Name _____ Loan No. _____
Address _____ Email _____
_____ Phone _____

Loan Program HPSL _____; LDS _____; PCL _____ Discipline _____

Requested *START* Date of Deferment: _____ Requested *END* Date of Deferment: _____
mm/dd/yyyy mm/dd/yyyy

My signature below confirms that:

- I am requesting deferment of payments of both principal and interest on my HPSL, LDS or PCL that I received while enrolled at the State University of New York.
- I am certifying that I am participating in the approved deferment activity indicated below.
- I understand it is my obligation to immediately notify the SUNY Student Loan Service Center of any change in my status that might change my eligibility for this Deferment.

Signature _____ LoanNo: 898 - _____ - _____ Date _____ (mm/dd/yyyy)

PART II: SELECT A DEFERMENT ACTIVITY TYPE

In accordance with Section 722(c) of the Public Health Service Act, 42 CFR 57:210, periodic installments of principal and interest need not be paid, and interest shall not accrue, while the borrower meets any of the following conditions as referenced below: *Please select one of the conditions from the appropriate loan categories below to indicate under which eligibility criteria you are applying for this Deferment. If you check more than one condition, it may delay the processing of your request. If your condition is not listed below, you are not eligible for deferment:*

Health Professional Student Loan (HPSL) or Loans for Disadvantaged Students (LDS)

- _____ 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, including internship and residency (unlimited years)
- _____ Leave of Absence to pursue related educational activity (maximum 2 years)
- _____ Graduate fellowship program or related graduate educational activity (maximum 2 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) However, 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

This section should be completed by a *Designated Official* who can verify the following: Your enrollment status, related educational activity status to include a leave of absence, advanced professional training to include an internship or residency, graduate fellowship program, active duty or Peace Corps service.

Name and Contact Information for Authorizing Official

Official's Name _____ **Title/Rank** _____
School or Hospital _____ **Branch of Service*** _____
Address _____

Phone _____ **Email** _____ **Program Name** _____

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

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

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

Approved _____ **Denied** _____ **Processed By** _____ **Date Processed** _____ mm/dd/yyyy

Reason for denial _____