

Federal Family Education Loan Program
Claim Form

Guarantor Identification

I. CLAIM INFORMATION

1. Claim Type

2. DCO

3. Claim Review Type

II. BORROWER INFORMATION

4. Social Security #

5. Name (Last, First, MI)

7. Address

6. AKA

8. Valid?

9. Home # ()

10. Valid?

11. Other # ()

12. Valid?

13. Work # ()

14. Valid?

15. Employer

III. LOAN INFORMATION

16. Loan Type

17. Loan ID

18. 1st Disb Dt

19. \$ Curr Prin Bal

20. Dt Loan Sold

21. Dt Servicer
Resp

22. Int Rate/Type/
Conv Dt

23. \$ Uninsured
Interest

IV. ENDORSER/COMAKER/PLUS (E/C/S) STUDENT INFORMATION

24. Loan ID

25. E/C/S Code, ID #

26. E/C/S Name

27. Social Security #

28. Address

29. Valid?

30. Home #

31. Valid?

V. CONVERSION TO REPAYMENT INFORMATION

32. Orig OSD

33. Notification Dt

34. Repayment Change?

35. 1st Pmt Due Dt

VI. REPAYMENT INFORMATION

36. \$ Total Borrower
Pmts

37. # Mnths Pmts

38. # Mnths Def/Forb

39. # Mnths
Violation

40. # Def/Forb
Events

41. # Reconv
Mnths

42. Pmt Due Dt

VII. REQUESTED CLAIM AMOUNT

43. Total Amount Disb \$ _____

49. Int-Paid-Through Dt _____

44. Capitalized Int + \$ _____

50. Int Claimed as of _____ \$ _____

45. Prin Repaid - \$ _____

51. Unpaid Cure Int not Capitalized \$ _____

46. Prin Used for Int Claimed = \$ _____

52. Other Charges Claimed \$ _____

47. Cure Int Capitalized - \$ _____

48. Prin Claimed = \$ _____

VIII. LENDER/SERVICER INFORMATION AND CERTIFICATION

53. Lender ID

54. Servicer ID

55. Lender/Servicer Name

56. Lender/Servicer Address

57. Prepared By

58. Preparer's # ()

BY SUBMITTING THIS CLAIM TO THE GUARANTOR FOR REIMBURSEMENT, THE HOLDER OF THE LOAN(S) CERTIFIES TO THE BEST OF THE HOLDER'S KNOWLEDGE, THE INFORMATION IN THIS CLAIM IS TRUE AND ACCURATE AND THAT THE LOAN(S) INCLUDED IN THIS CLAIM WAS (WERE) MADE, DISBURSED (INCLUDING REMITTANCE OF ORIGINATION FEES) AND SERVICED IN COMPLIANCE WITH ALL FEDERAL REGULATIONS AND APPROPRIATE GUARANTOR RULES. SHOULD THE GUARANTOR DETERMINE THAT THE LENDER/SERVICER DID NOT COMPLY WITH FEDERAL REGULATIONS OR APPROPRIATE GUARANTOR RULES, AND SUCH NON-COMPLIANCE RESULTS IN THE GUARANTOR'S INABILITY TO COLLECT FROM THE BORROWER, OR IN THE GUARANTOR'S INELIGIBILITY FOR FEDERAL REINSURANCE ON THE LOAN(S), THE LENDER/SERVICER AGREES TO REPURCHASE SUCH CLAIMS OR REFUND THE AMOUNT OF THE REINSURANCE LOSS IF REQUIRED BY THE GUARANTOR. FOR VALUE RECEIVED THE HOLDER HEREBY ASSIGNS ALL RIGHT, TITLE, AND INTEREST IN THE PROMISSORY NOTE(S) LISTED IN SECTION III OF THIS FORM TO THE GUARANTOR, OR ITS SUCCESSOR, APPLICABLE TO EACH PROMISSORY NOTE.

IX. Collection History (the 180 day period prior to default date)

60. Borrower/CoMaker(s)		Endorser(s)	
Date/Code	Date/Code	Date/Code	Date/Code
SAMPLE			

60. Borrower/CoMaker(s)		Endorser(s)	
Date/Code	Date/Code	Date/Code	Date/Code
SAMPLE			

60. Borrower/CoMaker(s)		Endorser(s)	
Date/Code	Date/Code	Date/Code	Date/Code
SAMPLE			

60. Borrower/CoMaker(s)		Endorser(s)	
Date/Code	Date/Code	Date/Code	Date/Code
SAMPLE			

60. Borrower/CoMaker(s)		Endorser(s)	
Date/Code	Date/Code	Date/Code	Date/Code
SAMPLE			

60. Borrower/CoMaker(s)		Endorser(s)	
Date/Code	Date/Code	Date/Code	Date/Code
SAMPLE			

60. Borrower/CoMaker(s)		Endorser(s)	
Date/Code	Date/Code	Date/Code	Date/Code
SAMPLE			

Instructions for Completing Claim Form

This form is to be used to submit a request for claim reimbursement to the guarantor. All loans included on the Claim Form must have the same loan type, due date, interest-paid-through date, and claim review status. (Note: Some guarantors may require **separate claims** for subsidized and unsubsidized Stafford loans, and/or for loans with different interest rates.) When completing this form, print or type all information and complete all fields. Use the Claim Form Edit Table to identify which fields are required and provide the requested information; for fields that are not required and information is not available (or not applicable), complete alpha fields with "NA" and fill numeric fields with zeroes. All date fields must be completed with numerics in MM/DD/CCYY format. Address/phone **"Valid"** fields must be completed with a "Y" for yes or an "N" for no; indicate "Y" unless the information is known to be invalid. No claim may be submitted for an amount less than fifty dollars (\$50.00). If the number of claimed loans requires more space than is provided, attach a separate Claim Form with the following information completed: Section II (social security number and name) and Section III (all applicable loan information).

Note: Order of claim documentation will not be a reason for returning a claim to the lender. However confusing or conflicting documentation may require claim return for lender clarification. All supporting documentation not required for claim submission must be retained by the lender in accordance with federal requirements.

I. CLAIM INFORMATION:

1. **Claim Type:** Provide the appropriate letter from the key below when completing this item:
DE Death
DI Disability (total and permanent)
DB Default (reached prior to borrower's bankruptcy filing)
BH Bankruptcy (with hardship petition or adversary complaint)
BC Bankruptcy (Chapter 12 or 13)
BO Bankruptcy (other – Chapter 7 or 11)
DF Default (failure to make monthly payments)
DQ Default (failure to make quarterly interest or other scheduled payments)
IN Ineligible (borrower is determined not eligible for the loan)
DU Abbreviated cure
CS Closed School
FC False Certification
2. **DCO:** Date Condition Occurred is defined by the Claim Type indicated in Item 1 at the top of the form. Provide the corresponding month, day, and year as follows:
If Claim Type is "DE" (Death), provide the date the lender received official notification of the death of the borrower, or the student, in the case of a PLUS claim.
If Claim Type is "DI" (Disability – total and permanent), provide the date the lender received official notification that the borrower's physician certified the borrower to be totally and permanently disabled.
If Claim Type is "DB" (Default – reached prior to borrower's bankruptcy filing), provide the date of the borrower's first unmet installment.
If Claim Type is "BH" (Bankruptcy – with hardship petition or adversary complaint), provide the date the lender received the petition for undue hardship (or adversary complaint), or the date the guarantor advised you to file a claim.
If Claim Type is "BC" (Bankruptcy – Chapter 12 or 13), provide the date the lender received the Notice of First Meeting of Creditors or other acceptable evidence of the bankruptcy action, or the date the guarantor advised you to file a claim.
If Claim Type is "BO" (Bankruptcy – other), provide the date the lender received the Notice of First Meeting of Creditors or other acceptable evidence of the bankruptcy action, or the date the guarantor advised you to file a claim.
If Claim Type is "DF" (Default – failure to make monthly payments), provide the due date of the borrower's first unmet installment.
If Claim Type is "DQ" (Default – failure to make quarterly interest or other scheduled payments), provide the due date of the borrower's first unmet quarterly interest payment. If other scheduled installments were unmet and led to default, enter the date of the borrower's first unmet installment and explain in attached documentation.
If Claim Type is "IN" (Ineligible – borrower never enrolled or is otherwise determined not eligible for the loan), provide the date the lender determines or was notified of the borrower's ineligibility.
If Claim Type is "DU" (Abbreviated cure – ICA/location cure), provide the due date of the borrower's first unmet installment that resulted in the original default.
If Claim Type is "CS" (Closed School), provide the date the lender received the statement from the borrower certifying eligibility for a Closed School Claim or the date the guarantor advised you to file a claim.
If Claim Type is "FC" (False Certification), provide the date the lender received the statement from the borrower certifying eligibility for a False Certification Claim or the date the guarantor advised you to file a claim.
3. **Claim Review Type:** Provide one of the following numeric codes to indicate the Claim Review Type for which you currently qualify:
"1" Exceptional Performer Status - Expedited claim review
"2" Standard Review Status - Regular claim review
"3" Program Review Status - Monitored claim review

II. BORROWER INFORMATION:

4. **Social Security #:** Provide the borrower's social security number (Do **not** submit a claim form without a social security number).
5. **Name (Last, First, MI):** Provide the borrower's last name, first name, and middle initial.
6. **AKA:** Provide previous or alternative name(s) used by borrower (e.g., maiden name).
- 7-8. **Address and Valid?:** Provide the borrower's last-known complete address (apartment #, box #, street address, city, state, and zip code plus four); indicate the validity of the address by entering a "Y" or an "N" in the appropriate field.
- 9-14. **Home #, Other #, Work #, and Valid?:** Provide the home phone #, work phone #, and/or other phone # (including area code) for the borrower, if any or all are available. Indicate the validity of each number by entering a "Y" or an "N" in the appropriate field. If no number is available, do not respond with either "yes" or "no."
15. **Employer:** Provide the name, phone # and address of the borrower's place of employment, if known.

III. LOAN INFORMATION: For each loan (note level) included in this claim, provide the requested information.

16. **Loan Type:** For each loan listed, provide the loan type using one of the following codes: SF = Subsidized Stafford, including non-subsidized disbursed prior to 10/92; SU = Unsubsidized Stafford; PL = PLUS; SL = SLS; CL = Consolidation. A separate Claim Form must be submitted for each loan type. *Note: Subsidized and unsubsidized Stafford loans that have been combined into one repayment schedule may be combined in one claim.*
17. **Loan ID:** For each loan listed, provide the loan identifier code, file number, guarantee date, or guarantee amount, as required by the guarantor of the loan(s).
18. **1st Disb Dt:** For each loan listed, provide the date of the first disbursement.
19. **\$ Curr Prin Bal:** For each loan, provide the current principal balance (including all reinsured and unreinsured capitalized interest) due on the date claimed.
20. **Dt Loan Sold:** For each loan that has been purchased from another lender, provide the date the loan was purchased. If the loan is not purchased from another lender, enter zeroes.
21. **Dt Servicer Resp:** For each loan, provide the date on which the current servicer assumed responsibility for servicing the loan, as applicable. If the loan is not being serviced, enter zeroes.
22. **Int Rate/Type/Conv Dt:** For each loan, provide the current interest rate and indicate the type of interest rate by entering the appropriate code: F = Fixed rate, simple; R = Fixed rate, Rule of 78s; V = Variable rate; A = Adjustable rate (8-10%). Indicate, if applicable, the date the loan was converted as required by HEA 1986 rebate requirements or HEA 1992 rebate requirements. Provide zeroes if the loan was not converted or was not subject to rebate requirements.
23. **\$ Uninsured Int:** For each loan claimed, provide the amount of cure interest capitalized and the unpaid cure interest not capitalized that accrued during period(s) the account was out of guarantee (in cure status).

IV. ENDORSER/COMAKER/PLUS STUDENT (E/C/S) INFORMATION: Complete this section if any claimed loan either has an endorser or comaker or is a PLUS loan.

24. **Loan ID:** Repeat the applicable Loan ID from Section III.
25. **E/C/S Code, ID #:** Provide "E" if the individual listed is an endorser; "C" if the individual listed is a comaker; "S" if the individual listed is a PLUS student and assign each endorser and comaker a numeric identifier beginning with "1", then "2", etc. An individual who is an endorser, a comaker, or both will have a single numeric identifier regardless of the number of loans that individual has endorsed/comade.
26. **E/C/S Name:** For each loan listed, provide the last name, first name, and middle initial of any endorser, comaker, or PLUS student. If an endorser or comaker exists on a PLUS loan, list both the endorser or comaker and the PLUS student information.
27. **Social Security #:** Provide the social security number for each endorser, comaker, or PLUS student, as applicable.
- 28-29. **Address and Valid?:** Provide the last-known complete address (apartment #, box #, street address, city, state, and zip code plus four) for each endorser, comaker, or PLUS student; indicate the validity of the address by entering a "Y" or an "N" in the appropriate field.
- 30-31. **Home # and Valid?:** Provide the home phone # (including area code) for each endorser, comaker, or PLUS student; indicate the validity of the number by entering a "Y" or an "N" in the appropriate field. If no number is available, do not respond with either "yes" or "no".

V. CONVERSION TO REPAYMENT INFORMATION: Complete this section only for accounts that entered repayment (not applicable for CS, FC, or IN claims). For items in this section, provide dates of the "original" conversion to repayment based upon the first verified correct OSD.

32. **Orig OSD (Out-of-School Date):** Provide the original verified correct date the Stafford Loan borrower ended enrollment on at least a half-time basis that subsequently led to repayment, or the date the PLUS/SLS student borrower ceased eligibility for an in-school deferment (for immediately deferred loans only). For Consolidation loans, and for PLUS/SLS loans not immediately deferred, indicate the latest disbursement date.
33. **Notification DT:** Provide the date you were notified of the verified correct OSD. If the account was converted to repayment based upon the expected graduation date on the application, without notification of an OSD, provide zeroes in this field.
34. **Repayment Change?:** If there was a change to the original OSD after the account entered repayment, resulting in a change to the repayment terms, provide a "Y" (yes). If there was no change to the OSD requiring new repayment terms, provide an "N" (no).
35. **1st Pmt Due Dt:** Provide the due date of the first monthly installment as indicated on the repayment schedule sent to the borrower. If this claim includes loans that entered repayment at different times, provide the due date of the first loan entering repayment.

VI. REPAYMENT INFORMATION: Complete this section only for accounts that entered repayment. (Items 37 through 42 are not applicable for CS, FC, or IN claims.)

36. **\$ Total Borrower Pmts:** Provide the total amount of principal and interest payments made by or on behalf of the borrower (that may be subject to refund with CS or FC claims). Do **not** include payments made by third parties.
37. **# Mnths Pmts:** Provide the number of months the due date was advanced by payments made by or on behalf of the borrower. Do **not** include payments that did not advance the due date of the borrower's account.
38. **# Mnths Def/Forb:** Provide separately (with "/" between) the number of regular monthly installments deferred and forbore. Provide the higher or highest number when multiple loans are included in the claim and their use of deferment and/or forbearance differs. When there are overlapping periods of deferment/forbearance on multiple loans, count those months only once. Forbearance periods covering unreinsured months **should not** be included under this item.
39. **# Mnths Violation:** Determine the number of days the account was out of guarantee (i.e., in cure status and unreinsured). Divide the total number of days by 30 and round up. Provide the total number of violation months. Forbearance periods covering unreinsured months **should be** included under this item.
40. **# Def/Forb Events:** Provide the total number of non-continuous individual periods of deferment and forbearance granted on this account. (A deferment or forbearance immediately followed by another deferment or forbearance must be considered one event.) Forbearance periods covering unreinsured months **should be** included in this item.
41. **# Recon v Mnths:** For Stafford and SLS claims, multiply the number of events listed above times 2.5 months (75 days), rounded up to the nearest month; use 1.5 months (45 days) for PLUS and Consolidation claims. Given that Stafford and SLS borrowers must resume repayment within 75 days of each deferment or forbearance end date, and PLUS and Consolidation borrowers within 45 days, this field will account for periods following deferment/forbearance events that may not be covered by an installment, deferment, or forbearance without causing a gap in due diligence.
42. **Pmt Due Dt:** Provide the due date of the first unmet installment of the borrower's delinquency. In the case of DF, DQ, DU or DB claims, this date would be the same as the Date Condition Occurred (DCO). With DE, DI, BC, BO and BH claims, enter "NA" in this field unless the account was delinquent prior to the DCO, in which case this date must be prior to the DCO.

VII. REQUESTED CLAIM AMOUNT:

43. **Total Amount Disb:** Provide the total original principal value of loans disbursed to the borrower. (For CS or FC claims that include Stafford, PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan, provide the amount paid by the consolidation lender to the prior holder on the applicable underlying loan(s).)
44. **Capitalized Int:** Provide (and add) the total amount of interest capitalized (added to the total principal amount) and disclosed to the borrower. (Not applicable for CS or FC claims that include Stafford, PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan.)
45. **Prin Repaid:** Provide (and subtract) the total principal (only) repaid on the borrower's account before and after entering repayment, including any cancellations after disbursement, tuition refunds, third party payments, and prepayments to principal. (Not applicable for CS or FC claims that include Stafford, PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan.)
46. **Prin Used For Int Claimed:** Provide the total principal value of the borrower's debt, including insured and uninsured capitalized interest. Interest claimed should be computed based upon this principal amount.
47. **Cure Int Capitalized:** Provide (and subtract) any capitalized interest amount that is not eligible for claim payment, because it accrued during a violation period when the account was out of guarantee (in a cure status). This amount **may not** be included in the **Prin Claimed** or **Int Claimed As Of**. (Not applicable for CS or FC claims that include Stafford, PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan.)
48. **Prin Claimed:** Based upon the computations above, provide the total principal value of the claim.
49. **Int-Paid-Through Dt:** Provide the date through which interest was last paid. This date will generally be 30 days prior to the date the condition occurred, unless the borrower made less than a full installment, which was applied to interest. (For CS or FC claims that include Stafford, PLUS, or SLS loans that have been paid in full as a result of Consolidation loan, this date will be the date of the consolidation, unless a subsidized deferment applied to the Consolidation loan requires adjustment to a later date.)
50. **Int Claimed As Of:** Provide the date through which interest claimed was accrued and the amount of outstanding accrued reinsured interest claimed. Do **not** include any unreinsured interest (unpaid cure interest not capitalized) in this field. (For CS or FC claims that include Stafford, PLUS or SLS loans that have been paid in full as a result of Consolidation, provide the amount of interest accrued from the date of consolidation through the date interest was claimed on the amount of the applicable underlying loan(s).)
51. **Unpaid Cure Int Not Capitalized:** Provide the amount of unpaid interest that accrued during period(s) the account was out of guarantee (in cure status) that was **not** capitalized. (Not applicable for CS or FC claims that include Stafford, PLUS or SLS loans that have been paid in full as a result of a Consolidation loan.)
52. **Other Charges Claimed:** Provide the amount of any other reinsured costs incurred by the lender on this account (e.g., guarantor collection cost repurchased or collection costs incurred on CS or FC claims). Do not include late charges.

VIII. LENDER/SERVICER INFORMATION AND CERTIFICATION: With this claim submission, the lender certifies full compliance as indicated in this section of the Claim Form.

53. **Lender ID:** Provide the six-digit Department of Education lender code and, as applicable, the four-digit non-Department of Education suffix of the lender or the current holder.
54. **Servicer ID:** If the account is being serviced, provide the six-digit Department of Education servicer code.
55. **Lender/Servicer Name:** If the account is being serviced, provide the servicer's name; if there is no servicer, provide the lender's name.
56. **Lender/Servicer Address:** If the account is being serviced, provide the servicer's address; if there is no servicer, provide the lender's address.
57. **Prepared By:** Provide the name of the person or unit responsible for answering questions about information provided on this form.
58. **Preparer's #:** Provide the phone # (including area code) where the preparer may be reached.

IX. COLLECTION HISTORY (THE 180 DAY PERIOD PRIOR TO DEFAULT DATE) :

59. **Borrower's Social Security #:** Provide the borrower's social security number.
60. **Collection History:** Provide the month, day and year (MM/DD/CCYY) of each collection activity. Provide the appropriate Collection Activity Code and/or Skiptracing Activity Code from below. Endorser and/or comaker collection activity, if applicable, must include the numeric identifier assigned to the endorser/comaker in Section IV (e.g., LC2 = letter contact to the endorser or comaker designated "2"). List the collection activity for the comaker who also is an endorser in the Borrower, Comaker section. *Note: Even if the address and/or telephone number of the borrower or endorser were invalid before the account became delinquent (prior to DCO), you **must** provide the date you were notified of the invalid address/phone and any skiptracing performed prior to the delinquency, in order to demonstrate that skip requirements were satisfied.* **Also**, do **not** complete this section for Closed School or False Certification claims. Do **not** complete this section for claims filed for death, disability or bankruptcy, unless the borrower's loans were delinquent prior to the DCO. For Ineligible Borrower claims, final demand information must be provided; for Abbreviated Cure claims, Intensive Collection Activities (ICA) must be provided. NOTE: Lender/Holder should also provide any other activities after day 180 pertinent to the collection of the account.

Collection Activity Codes

PC Lender requested preclaim assistance
FD Final demand letter
PR One full monthly installment satisfied by payment or prepayment
TR Account sold, transferred, converted to another lender/servicer
IA Lender became aware of invalid address for borrower
IT Lender became aware of invalid telephone number for borrower
IR Lender became aware of borrower's incarceration, or lender became aware of borrower's residence outside a State, Mexico or Canada, or borrower has no phone service
CR Lender became aware of a check returned for nonsufficient funds
LC Letter contact with borrower
TC Telephone contact or contact in person with borrower
VA Lender became aware of valid address for borrower
VT Lender became aware of valid telephone number for borrower
TA Attempted telephone contact with borrower

DB Deferment period/post deferment grace period, begin date
DE Deferment period/post deferment grace period, end date
LN Lender approved a deferment or forbearance with ending date prior to lender's receipt of documentation or adjusted OSD that changes the delinquency
DD Date of death
DS Date disclosure sent (for ICA/Location cures only)
BL Date borrower located (for ICA/ Location cures only)
FB Forbearance period begin date
FE Forbearance period end date

Skiptracing Activity Codes (to obtain address/telephone number)

SD Contact with Directory Assistance
SS Contact with borrower's school by phone or letter
SR Contact with reference, endorser, relative, individual, or other entity by phone or letter
SA Contact attempted with reference, endorser, relative, individual, or other entity by phone or letter
SO Other skiptracing activity