

**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](http://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](http://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 CANCER TREATMENT DEFERMENT REQUEST

## Section 1: Borrower Information

**Complete this section.** If you don't have an SSN, please leave this field blank.  
It is recommended that you include your email address to expedite communication about the status of your form.

## Section 2: Physician Certification

**You must complete this section and have your physician or an authorized representative from your physician's office sign and date Section 2.** You may also submit a separate document from your physician's office with all of the information stated in Section 2.

**IMPORTANT: The physician must be a Medical Doctor (M.D) or Doctor of Osteopathic Medicine (DOs).**

## Section 3: Borrower Requests, Understandings, and Authorization

If you have loans that will not be eligible for this deferment, please check the appropriate checkboxes.

## Signature: You must sign and date this form.

**You must sign and date this form in the fields specified on the form.**  
**Your signature must be a digital signature or an ink signature.** Digital signatures include an uploaded image of your handwritten signature, drawing your signature with a cursor or stylus on a touch device, or an authenticated signature using a mathematical algorithm (such as Adobe Signature). **Typed signatures will not be accepted.** If the form is not properly signed, your request will be rejected.

**IMPORTANT: You must sign and date the document no more than 45 days prior to the date that you are submitting this form. The physician certification must be signed and dated no more than 30 days prior to the day that you are submitting this form.**

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





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# 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

OMB No. 1845-0154  
Form Approved  
Exp. Date 7/31/2022

**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

Please enter or correct the following information.

**Check this box if any of your information has changed.**

SSN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone - Primary \_\_\_\_\_

Telephone - Alternate \_\_\_\_\_

Email (Optional) \_\_\_\_\_

## 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.
- When will or when did the treatment begin?  
\_\_\_\_\_
- Has the treatment been completed yet?  
 Yes.  No.
- When did or when is the treatment expected to end?  
\_\_\_\_\_

**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.

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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.

An **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 Family Education Loan (FFEL) Program** includes Federal Stafford Loans, Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).

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**

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

## 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.)

ECSI  
PO Box 1289  
Moon Township, PA 15108

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

Indiana University  
1024 E 3rd St Room 122  
Bloomington, IN 47405  
Fax: (812) 855-5848  
Email: [ucls@iu.edu](mailto:ucls@iu.edu)



## SECTION 7: IMPORTANT NOTICES

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**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq. or §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. or 20 U.S.C. 1087a et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program or Federal Family Education Loan (FFEL) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan or FFEL Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

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).

