

**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](https://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](https://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.





# 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. 1845-0011  
Form Approved  
Exp. Date: 12/31/2027

**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.

You never need to pay for help with your federal student loans. Your loan servicer will help you for FREE. [Contact your servicer](#) if you have questions about this form or need any information regarding your federal student loans.

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### Section 1: Borrower Information

Please enter or correct the following information.

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

Social Security Number (SSN): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

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### Section 2: Borrower Determination of Deferment Eligibility

Carefully read the entire form before completing it.

To qualify, you must be (or must have been) receiving treatment for cancer (as certified by a physician in Section 4) and have 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.

Borrower's Name: \_\_\_\_\_ Borrower's SSN: \_\_\_\_\_

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### 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 (mm/dd/yyyy):** \_\_\_\_\_

Borrower's Name: \_\_\_\_\_ Borrower's SSN: \_\_\_\_\_

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## Section 4: Physician Certification

**Note:** As an alternative to having your physician complete 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 identified in Section 1 scheduled to receive or receiving cancer treatment in your care?

☐ Yes.

☐ No.

- Has the treatment been completed yet?

☐ Yes.

☐ No.

- When will or when did the treatment begin? (mm/dd/yyyy) \_\_\_\_\_

- When did or when is the treatment expected to end? (mm/dd/yyyy) \_\_\_\_\_

**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 \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Physician's Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

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## Section 5: Instructions For Completing the Deferment Request

Type or print using dark ink. Enter dates as month/day/year (mm/dd/yyyy). Example: March 14, 2024 = 03/14/2024. 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. If you have loans that were made jointly to you and your spouse (as co-makers), both of you must individually meet the requirements for a deferment and each of you must submit a separate deferment request. **Return the completed form and any required documentation to the address shown in Section 7.**

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## Section 6: Definitions

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.

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).

**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. The capitalization chart below provides an example of the monthly payments and the total amount repaid for a \$30,000 FFEL Program loan not held by the Department. 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.

A **co-maker** is one of the two individuals who are joint borrowers on a Direct or Federal Consolidation Loan or a Federal PLUS Loan. Both co-makers are equally responsible for repaying the full amount of the loan.

A **deferment** is a period during which you are entitled to postpone repayment of your eligible loans. For deferment types other than the cancer treatment deferment, interest is not charged during the deferment period on subsidized loans, but interest is charged on unsubsidized loans. However, for the cancer treatment deferment, no interest is charged during the deferment period on any of the following subsidized and unsubsidized loan types:

- Direct Subsidized Loans
- Direct Unsubsidized Loans
- Direct PLUS Loans made to students
- Direct PLUS Loans made to parents
- Direct Subsidized Consolidation Loans
- Direct Unsubsidized Consolidation Loans
- Direct PLUS Consolidation Loans
- Federal Perkins Loans
- Federal Subsidized Stafford Loans
- Federal Unsubsidized Stafford Loans
- Federal Subsidized Consolidation Loans

Interest is charged during periods of cancer treatment deferment on the following loan types:

- Federal PLUS Loans
- Federal Unsubsidized Consolidation Loans
- Federal Supplemental Loans for Students (SLS)
- National Direct Student Loans (NDSL)
- National Defense Student Loans (Defense Loans)

For any loan type on which interest is charged during a period of cancer treatment deferment, unpaid interest that accrues during the deferment period is capitalized at the end of the deferment on loans that are held by the Department. For these loan types that are not held by the Department, unpaid interest that accrues during the deferment period is capitalized at the end of the deferment but may be capitalized as frequently as quarterly on loans disbursed prior to 7/1/2000.

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** for the purposes of the Cancer Treatment Deferment 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.

A **forbearance** is a period during which you are permitted to postpone making payments temporarily, allowed an extension of time for making payments, or temporarily allowed to make smaller payments than scheduled. Interest is charged during a forbearance on both subsidized and unsubsidized loans. Unpaid interest that accrues during a forbearance on a Direct Loan or on a FFEL Program loan that is

held by the Department is not capitalized. Unpaid interest that accrues during a forbearance on a FFEL Program loan that is not held by the Department may be capitalized at the end of the forbearance but may be capitalized as frequently as quarterly on loans disbursed prior to 7/1/2000.

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.

A **subsidized loan** is a Direct Subsidized Loan, a Direct Subsidized Consolidation Loan, a Federal Subsidized Stafford Loan, portions of some Federal Consolidation Loans, a Federal Perkins Loan, an NDSL, and a Defense Loan.

An **unsubsidized loan** is a Direct Unsubsidized Loan, a Direct Unsubsidized Consolidation Loan, a Direct PLUS Loan, a Federal Unsubsidized Stafford Loan, a Federal PLUS Loan, a Federal SLS, and portions of some Federal Consolidation Loans.

**Capitalization Chart (Note: this chart only applies to FFEL Program loans that are not held by the Department)**

Treatment of Interest with Forbearance	Loan Amount	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

## Section 7: Where to Send the Completed Application

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



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## Section 8: Help With Completing the Application

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

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## Section 9: Important Notices

### Privacy Act Statement.

**Authority:** The authorities for collecting the requested information from and about you are §421 et seq. and §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. and 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.

**Purpose:** The principal purposes for collecting the information on the Cancer Treatment Deferment Request 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 FFEL and/or Direct Loan Programs, to permit the servicing of your loans, to enforce the conditions or terms of a title IV, HEA obligation, to originate, disburse, service, collect, assign, adjust, transfer, refer, furnish credit information for, and discharge a title IV, HEA obligation, to verify whether a title IV, HEA obligation qualifies for discharge, to determine credit balances to be refunded by the U.S. Department of the Treasury (Treasury) to the individual or loan holder, 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.

**Disclosures:** The information provided on the Cancer Treatment Deferment Request form will only be disclosed outside of the U.S. Department of Education (Department) with prior written consent or as otherwise allowed by the Privacy Act of 1974, as amended (Privacy Act) (5 U.S.C. 552a). One of the exceptions to the Privacy Act's prior written consent requirement that allows for disclosure, without consent, is for "routine uses" that the Department publishes in our System of Records Notices (SORNs). The Department may disclose, without consent, the information provided on a Cancer Treatment Deferment Request form, on a case-by-case basis or under a computer matching program, to third parties pursuant to the routine uses identified in the "Common Services for

Borrowers (CSB) System” (18-11-16) SORN. This notice is available on the Department’s “Privacy Act System of Record Notice Issuances (SORN)” webpage located at <https://www2.ed.gov/notices/ed-pia.html>.

These routine uses include, but are not limited to, the following:

- To verify the identity of the individual who records indicate has applied for or received title IV, HEA program funds, disclosures may be made to guaranty agencies, educational and financial institutions, and their authorized representatives; to Federal, State, Tribal, or local agencies, and their authorized representatives; to private parties, such as relatives, business and personal associates, and present and former employers; to creditors; to consumer reporting agencies; to adjudicative bodies; and to the individual whom the records identify as the party obligated to repay the title IV, HEA obligation;
- To determine program eligibility and benefits, disclosures may be made to guaranty agencies, educational and financial institutions, and their authorized representatives; to Federal, State, or local agencies, and their authorized representatives; to private parties, such as relatives, business and personal associates, and present and former employers; to creditors; to consumer reporting agencies; and to adjudicative bodies;
- To provide customers with information to help them make informed decisions on repayment options, including deferment, forbearance, and recurring auto debit, based on their unique situations, disclosures may be made to guaranty agencies, educational and financial institutions, and their authorized representatives; and to Federal, State, or local agencies, and their authorized representatives.

For additional routine uses, view the “Common Services for Borrowers (CSB) System” (18-11-16) SORN. This notice is available on the Department’s “Privacy Act System of Record Notice Issuances (SORN)” webpage located at <https://www2.ed.gov/notices/ed-pia.html>.

**Consequences of Failure to Provide Information:** Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and providing the Department your SSN and requested information is mandatory to participate.

**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 1845-0011. 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 HEA 455(f)(3) (20 U.S.C. 1087e(f)(3)).

**If you have comments or concerns regarding the status of your individual submission of this form, contact your loan holder directly.**