

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.

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, 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 NURSE, MEDICAL TECHNICIAN, OR FIREFIGHTER DEFERMENT/CANCELLATION REQUEST

IMPORTANT: You must include an employer-certified job description with the completed form. This job description must include the job duties for your position at the employer's organization.

IMPORTANT: Nurses and medical technicians must include a copy of a current license by the state or a printout of online verification of licensing.

Section 1: Borrower Identification

Complete this section. It is recommended that you include your email address to expedite communication about the status of your form.

Section 3: Applicant Statement

You must

- indicate the type of full-time employment by checking the appropriate checkbox
- include your employment start date
- indicate if you are still employed
- if you are not still employed, you must provide your employment end date
- you must indicate if you are requesting a deferment or cancellation by providing the start and end dates in the appropriate fields.

Please note that deferments or cancellations can be posted for a period of 12 months. If your deferment or cancellation will extend beyond 12 months, you will need to resubmit your application at least 30 days prior to your deferment end date.

Section 4: Employer Certification

This section must be completed by your employer in its entirety. An authorized official from your employer must sign and date this section. The signature must be an ink signature.

Your employer must place their official seal under this section. If they do not have an official seal, the certification information in this section can be provided on their letterhead. Please note that the certification letter must be signed and dated by an authorized official.

IMPORTANT: Your employer must sign and date this form no more than 30 days before you submit the form.



Section 5: Borrower Certification and Authorization

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 this form no more than 45 days before you submit the form.



Nurse, Medical Technician, or Firefighter Request for Deferment and/or Cancellation

Use for Federal Perkins Loans

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 (*) Indicates required fields

Please enter the following information.

Check this box if any of your information has changed.

SSN (if none, leave blank) _____ Student ID (if none, leave blank) _____

First Name (*) _____ Middle Name/Initial _____ Last Name (*) _____

Address (*) _____

City (*) _____ State (*) _____ Zip Code (*) _____

Telephone –Primary (*) _____ Telephone - Alternate _____

Email Address _____

School or Lender Name (*) _____ ECSI School Code (*) _____

SECTION 2: INSTRUCTIONS

A cancellation/deferment may be available if you are employed full-time as a:

- A nurse or medical technician certified, registered, or licensed by the state.
- A firefighter for a Federal, State, or local fire department or fire district.

A deferment is a temporary postponement of payments. During a deferment, interest does not accrue. If you are working in a position that you believe will qualify you for a cancellation, you may request a deferment at the beginning of employment to suspend billing and defer payments of principal and interest.

A cancellation is loan forgiveness. Following a year of service in one of the roles listed above, a portion of your Perkins loan balance may be cancelled. Cancellation rates are as follows:

1st year of service	15%
2nd year of service	15%
3rd year of service	20%



4th year of service 20%
5th year of service 30%

For qualifying nurse, medical technician, or firefighter cancellations, a deferment should be requested prior to the first year of service. After that, request a cancellation and deferment each year on the anniversary of your original deferment.

Nurses and medical technicians must provide a copy of your license issued by a state agency. If a copy of your license is not available, a print out of online verification is acceptable.

Nurses, medical technicians, and firefighters must provide an employer-certified job description with duties.

SECTION 3: APPLICANT STATEMENT (*) Indicates required fields

I am or was employed full time as: (check one of the following options) (*)

- A nurse or medical technician certified, registered, or licensed by the state providing medical services during the period for which I am requesting benefits.
- A firefighter employed by a Federal, State, or local fire department or fire district.

Start date of employment (*) _____

Are you still employed? (*) Yes No If no, end date of employment _____

I am requesting (*)

- Deferment as I anticipate completing one full year of service.

I want my deferment to start on _____ I want my deferment to end on _____

- Cancellation as I have completed one full year of service.

I want my cancellation to start on _____ I want my cancellation to end on _____

Please note that the maximum period per request is 12 months. If you want to be longer than 12 months, you must complete another request form at least 30 days prior to the expiration of your current request.

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SECTION 4: EMPLOYER CERTIFICATION (*) Indicates required fields

This section must be completed by your employer.

Company Name (*) _____ Phone Number _____

Name of Authorized Official (*) _____

Title of Authorized Official (*) _____

Company Address (*) _____

Company City (*) _____ State (*) _____ Zip Code (*) _____

Signature of Authorized Official (*) _____ Signature Date (*) _____

PLACE OFFICIAL SEAL OR STAMP HERE (*)

(A notary seal is not acceptable).

If the employer does not have an official seal or stamp, the certification information in Section 4 can be provided on employer letterhead and an authorized official must sign and date the certification.

SECTION 5: BORROWER CERTIFICATION AND AUTHORIZATION (*) Indicates required fields

I understand that:

- 1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted and
- 2) All final decisions regarding my deferment eligibility will be made in accordance with applicable Federal regulations.

I certify that:

- 1) The information I have provided on this form is true and correct;
- 2) I will provide additional documentation, as required, to support my continued deferment status;
- 3) I will notify my student loan office or the student loan servicer immediately when the condition(s) that qualified me for this deferment end;
- 4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied.

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.

Signature of Borrower (*) _____ Signature Date (*) _____



SECTION 6: MAILING INFORMATION AND CHECKLIST

Please forward the completed form and all supporting documents to:

ECSI

P.O. Box 1289

Moon Township, PA 15108

If you have any questions, you may reach us via chat at heartland.ecsi.net or phone at +1 (888) 549-3274.

Before submitting this request, verify that

- The form is filled out and all required sections and fields are completed.
- An official seal or stamp for your employer is on the form. If no stamp or seal is available, a typed and signed letterhead certification by your employer verifying full-time employment and hire date of employment must be submitted.
- You included a job description listing job duties that is certified by your employer.
- You included a copy of your current license or a printout of online verification for nurses and medical technicians.

Applications are typically processed within 10 business days. You will be notified of the status of your deferment via email using the address provided in Section 1 of this form. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a deferment has been posted.

Indiana University students may also return forms to:

University Collections & Loan Services
1024 E 3rd Street Room 122
Bloomington, IN 47405

FAX: (812) 855-5848
EMAIL: ucls@iu.edu

