



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

## SECTION 1: BORROWER IDENTIFICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID number or last 4 digits of Social Security number: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

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

Phone number: (        )        -       

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

Lender/school name: \_\_\_\_\_

School code: \_\_\_\_\_

## SECTION 2: INFORMATION

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 which 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:

1 <sup>st</sup> year of service:	15%
2 <sup>nd</sup> year of service	15%
3 <sup>rd</sup> year of service:	20%
4 <sup>th</sup> year of service:	20%
5 <sup>th</sup> 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 a license issued by a state agency. If a copy of the license is not available, a print out of online verification is acceptable. Nurses, Medical Technicians, and Firefighters must provide an employer-certified job duties description.

### SECTION 3: APPLICANT STATEMENT

I am/was employed full-time as:

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:     /     /                   *Note: Employment dates must equal one year*

I am requesting:

Deferment from     /     /     to     /     /                   as I anticipate completing one full year of service.

Cancellation from     /     /     to     /     /                   as I have completed one full year of service.

### SECTION 4: EMPLOYER CERTIFICATION

This section must be completed by your employer.

Company Name:

Name of Authorized Official:

Telephone Number: (     )     -     

Title of Authorized Official:

Address:

City:

State:

City:

Authorized Official Signature:

Date:     /     /

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**PLACE OFFICIAL SEAL OR STAMP HERE  
(NOTARY SEAL NOT ACCEPTABLE)**

NOTE: If an employer does not have an official stamp or seal, please attach a typed and signed letterhead certification by the employer verifying full-time employment, hire date, and job description.

## SECTION 5: BORROWER CERTIFICATION AND AUTHORIZATION

I understand that: (1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted; (2) All final decisions regarding my cancellation/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 cancellation/deferment status; (3) I will notify my student loan office or Heartland ECSI immediately when the condition(s) that qualified me for this cancellation/deferment end; (4) I have read, understand, and meet the terms and conditions of the deferment/cancellation for which I have applied.

Signature: \_\_\_\_\_

Date:        /        /

## SECTION 6: INSTRUCTIONS

Please forward completed form and requested supporting documents to:

Heartland ECSI  
181 Montour Run Road  
Coraopolis, PA 15108

Before sending your application, verify that:

The form is filled out completely. All sections are required.

An official stamp or seal is on the form. If no stamp or seal is available, a typed and signed letterhead certification by the employer verifying full-time employment and hire date of employment must be submitted.

An employer-certified job duties description is included.

For Nurses and Medical Technicians, a copy of a current license issued by the state must be included. If a copy of the license is unavailable, a print out of online verification is acceptable.

**NOTE:** Applications are typically processed within 10 business days. You will be notified of the status of your cancellation/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 cancellation/deferment has been posted.