

Claim Form

I. CLAIM INFORMATION

1. Claim Type 2. DCO 3. Claim Review Type

II. BORROWER INFORMATION

4. Social Security #
 5. Name (Last, First, MI) 6. AKA
 7. Address 8. Valid?

 9. Home # () 10. Valid? 11. Other # () 12. Valid?
 13. Work # () 14. Valid? 15. Employer
 16. E-mail Address

III. LOAN INFORMATION

17. Loan Type 18. Loan ID 19. 1st Disb Dt 20a. \$ Curr Prin Bal 20b. \$ Unpd Fee/Int 21. Dt Loan Sold 22. Dt Servicer Resp 23. Int Rate/Type/Conv Dt 24. \$ Uninsured Interest

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

25. Loan ID 26. E/C/S Code, ID # 27. E/C/S Name 28. Social Security # 29. Address 30. Valid? 31. Home # 32. Valid?

V. CONVERSION TO REPAYMENT INFORMATION

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VI. REPAYMENT INFORMATION

37a. \$ Total Borrower Pmts 38. # Mnths Pmts 39. # Mnths Def/Forb 40. # Mnths Violation 41. # Events 42. # Reconvc Mnths 43. Pmt Due Dt
 37b. \$ DI Refund

VII. REQUESTED CLAIM AMOUNT

44. Total Amount Disb/Repurchased	\$ _____	50. Int-Paid-Through Dt	
45. Capitalized Int	+ \$ _____	51. Int Claimed as of	\$ _____
46. Prin Repaid	- \$ _____	52. Unpaid Cure Int not Capitalized	\$ _____
47. Prin Used for Int Claimed	= \$ _____	53. Other Charges Claimed	\$ _____
48. Cure Int Capitalized	- \$ _____		
49. Prin Claimed	= \$ _____		

VIII. LENDER/SERVICER INFORMATION AND CERTIFICATION

54. Lender ID 55. Servicer ID
 56. Lender/Servicer Name 57. Lender/Servicer Address

58. Prepared By 59. Preparer's # ()

BY SUBMITTING THIS CLAIM TO THE GUARANTOR FOR REIMBURSEMENT, THE LENDER/HOLDER CERTIFIES, TO THE BEST OF ITS KNOWLEDGE, THAT THE INFORMATION IN THIS CLAIM IS TRUE AND ACCURATE AND THAT THE LOAN(S) INCLUDED IN THE 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 LOAN(S) WAS (WERE) NOT SERVICED IN COMPLIANCE WITH FEDERAL REGULATIONS AND 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/HOLDER AGREES TO REPURCHASE SUCH LOAN(S) OR REFUND THE AMOUNT OF THE REINSURANCE LOSS IF REQUIRED BY THE GUARANTOR. FOR VALUE RECEIVED THE LENDER/HOLDER HEREBY ASSIGNS ALL RIGHTS, TITLE, AND INTEREST IN THE LOAN(S) LISTED IN SECTION III OF THIS FORM TO THE GUARANTOR OR ITS SUCCESSOR.

IX. Collection History (the 270-day period prior to default date)

60. Borrower's Social Security #

61. Borrower/Comaker(s)

Endorser(s)

Date/Code	Date/Code	Date/Code	Date/Code

X. INCOME BASED REPAYMENT

62. Loan ID

63. Standard -
Standard \$

64. Permanent -
Standard \$

65. 25-Year Forgiveness
Begin Dt

66. # Qualifying
Forgiveness Mnths

67. IBR Start Dt

68. # Days HRD Def

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, claim review status, and lender ID. (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 chart in the *Common Manual* titled "Information to be Provided for Claim Form" to identify which fields are required and provide the requested information; for fields where the information is not available (or not applicable), complete alpha fields with "NA" and fill numeric/date 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 claim type code from the following key:

- BC Bankruptcy (Chapter 12 or 13)
- BH Bankruptcy (with hardship petition or adversary complaint)
- CS Closed School
- DB Default (reached prior to borrower's bankruptcy filing)
- DE Death
- DF Default (failure to make monthly payments)
- DI Disability (total and permanent)
- DQ Default (failure to make quarterly or less frequent than monthly payments)
- DU Abbreviated Cure
- FC False Certification
- ID Identity Theft – **Must** be accompanied by Claim Form Addendum-Ineligible Borrower/Identity Theft and documentation of conviction of the crime of identity theft.
- IN Ineligible (borrower or other responsible party is determined not eligible for the loan) – **Must** be accompanied by Claim Form Addendum-Ineligible Borrower/Identity Theft and, if applicable, documentation of conviction of fraud or plea of *nolo contendere*.

2. DCO: Date Condition Occurred is defined by the Claim Type indicated in field 1. Provide the corresponding month, day, and year as follows:

If Claim Type is "BC" (Bankruptcy – Chapter 12 or 13), provide the date you 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 "BH" (Bankruptcy – with hardship petition or adversary complaint), provide the date you received the petition for undue hardship (or adversary complaint), or the date the guarantor advised you to file a claim.

If Claim Type is "CS" (Closed School), provide the date you received the statement from the borrower certifying eligibility for a Closed School discharge or the date the guarantor advised you to file a claim.

If Claim Type is "DB" (Default – reached prior to borrower's bankruptcy filing), provide the due date of the borrower's first unmet installment.

If Claim Type is "DE" (Death), provide the date you received official notification of the death of the borrower or, if applicable, the student.

If Claim Type is "DF" (Default – failure to make monthly installments), provide the due date of the borrower's first unmet installment.

If Claim Type is "DI" (Disability – total and permanent), provide the date you received a completed loan discharge application or, for DI claims based on the Department of Education's determination of discharge eligibility, the date you received official notification that the borrower's disability discharge application has been approved.

If Claim Type is "DQ" (Default – failure to make quarterly or less frequent than monthly installments), provide the due date of the borrower's first unmet installment.

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 "FC" (False Certification), provide the date you received the statement from the borrower certifying eligibility for a False Certification discharge or the date the guarantor advised you to file a claim.

If Claim Type is "ID" (Identity Theft), provide the date you received documentation of conviction of the crime of identity theft.

If Claim Type is "IN" (Ineligible – borrower or other responsible party is determined not eligible for the loan), provide the date you determined or were notified of the borrower's or other responsible party's ineligibility.

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 number, box number, 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. Use "Y" unless the information is known to be invalid.

9-14. Home #, Other #, Work #, and Valid?: Provide the home phone number, work phone number, and/or other phone number (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, provide zeroes in the number field. If it has been verified that the borrower does not have a phone, enter "Y" in the validity field. If it has not been verified that there is no phone for the borrower, enter "N" in the validity field.

15. Employer: Provide the name, phone number and address of the borrower's place of employment, if known.

16. E-mail Address: Provide borrower's current e-mail address (optional).

III. LOAN INFORMATION:

 For each loan included in this claim, provide the requested information.

17. 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; GB = Graduate 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 into one claim, subject to guarantor requirement.*

18. 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).

19. 1st Disb Dt: For each loan listed, provide the date of the first disbursement.

20a. \$ Curr Prin Bal: For each loan, provide the current principal balance (including all insured and uninsured capitalized interest) due on the date claimed.

20b. \$ Unpd Fee/Int: For each eligible loan, provide separately (with "/" between) the amount of unpaid origination fee and unpaid capitalized interest included in the principal balance on the date claimed. For CS, DE, FC, or ID claims, provide zeroes.

21. Dt Loan Sold: For each loan that has been purchased from another lender, provide the date the loan was purchased. If the loan was not purchased from another lender, enter zeroes.

22. 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.

23. 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; V = Variable rate; 8 = 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.

24. \$ 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.

25. Loan ID: Repeat the applicable Loan ID from field 18.

26. 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. 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.

27. 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.

28. Social Security #: Provide the social security number for each endorser, comaker, or PLUS student, as applicable.

29-30. Address and Valid?: Provide the last known complete address (apartment number, box number, 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. Use "Y" unless the information is known to be invalid.

31-32. **Home # and Valid?:** Provide the home phone number (including area code) for each endorser, comaker, or PLUS student. Indicate the validity of the number by entering a "Y" or an "N" in field 32. If no number is available, provide zeroes in the number field. If it has been verified that there is no phone, enter "Y" in the validity field. If it has not been verified that there is no phone, enter "N" in the validity field.

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

33. **OSD (Out-of-School Date):** *Stafford Loans:* Provide the most recently verified date the borrower ended enrollment on at least a half-time basis that caused the loan in Section III that first reached maturity, to enter repayment. *PLUS/Graduate PLUS/SLS Loans Immediately Deferred:* Provide the date the borrower/student ceased eligibility for the initial in-school deferment or if applicable, (for PLUS/Grad PLUS loans only), provide the date the post-enrollment deferment period ended. *Consolidation Loans and PLUS/Graduate PLUS/SLS Loans Not Immediately Deferred:* Provide the date of the last disbursement. *Consolidation Loans with Add-On Loans:* Determine if the due date of the first monthly installment was changed due to an add-on. If so, provide the disbursement date of the add-on loan. If not, provide the last disbursement date of the beginning loan balance.
34. **Notification Dt:** Provide the date you were notified of the date in field 33. If the account was converted to repayment based upon the anticipated graduation date, provide zeroes in this field. For PLUS/Graduate PLUS/SLS loans entering immediate repayment, provide the date of the last disbursement. For an SLS loan converted to repayment based on an alignment forbearance with a corresponding Stafford loan, provide the last day of the alignment forbearance. For Consolidation loans, provide the date of the last disbursement or the date of the add-on disbursement if that is what was used in field 33. For repurchased loans (including rehabilitated loans), provide the date used to convert the loan back to a repayment status.
35. **Repayment Change?:** If the OSD provided in field 33 was received after the loan entered repayment, and the resulting 1st payment due date is prior to the notification date, provide a "Y" (yes). If there was no change to the OSD after the loan entered repayment or the receipt of the OSD provided in field 33 resulted in establishing a new 1st payment due date that is later than the notification date, provide an "N" (no). For repurchased loans (including rehabilitated loans), provide an "N" (no).
36. **1st Pmt Due Dt:** Provide the due date of the first monthly installment established following the OSD provided in field 33. If this claim includes loans that entered repayment at different times, provide the due date of the first monthly installment for the first loan entering repayment. For repurchased loans (including rehabilitated loans), provide the due date established following the notification date provided in field 34.

VI. REPAYMENT INFORMATION: Complete this section only for accounts that entered repayment. Data in fields 38 through 43 must only reflect events occurring on or after the date provided in field 36. (Fields 38 through 43 are not applicable for CS, FC, ID or IN claims.)

- 37a. **\$ Total Borrower Pmts:** Provide the total amount of payments made by or on behalf of the borrower (for CS or FC claims, provide principal, interest, and any collection costs paid by the borrower that may be subject to refund, not including payments made by third parties).
- 37b. **\$ DI Refund:** For DI claims only, provide the total amount of payments made by or on behalf of the borrower that were received by the lender/servicer after the date the physician certified the total and permanent disability discharge application. Do not complete for DI claims based on a Department of Veterans Affairs (VA) determination of disability, or for any DI claims based on the Department of Education's determination of eligibility for discharge (regulations effective 7/1/2013).
38. **# Mnths Pmts:** Provide the number of months the due date was advanced by payments made by or on behalf of the borrower. Use the loan with the highest number of months advanced by payments. Do not include payments that did not advance the due date of the borrower's account.
39. **# Mnths Def/Forb:** Provide separately (with "/" between) the number of regular monthly installments deferred and/or forborne. 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. Do not include forbearance periods covering uninsured months.
40. **# Mnths Violation:** Determine the number of days the account was out of guarantee (i.e., in cure status and uninsured). Divide the total number of days by 30 and round up. Provide the total number of violation months. Include forbearance periods covering uninsured months.
41. **# 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 may be considered one event or a series of deferment and/or forbearance periods covering all sequential due dates may be considered one event.) Include all uninsured months, whether a forbearance period was granted or not.
42. **# Recon v Mnths:** For Stafford and SLS loans, multiply the number of events listed in field 41 times 3.0 months (90 days); use 2.0 months (60 days) for PLUS, Graduate PLUS, and Consolidation loans.
43. **Pmt Due Dt:** Provide the due date of the first unmet installment of the borrower's delinquency. In the case of DB, DF, DQ, or DU claims, this date would be the same as the Date Condition Occurred (DCO). With BC, BH, DE, or DI claims, provide zeroes 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:

44. **Total Amount Disb/Repurchased:** Provide the total original principal value of loans disbursed to the borrower. (For CS or FC claims that include Stafford, PLUS, Graduate 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).) For repurchased loans (including rehabilitated loans), provide the principal amount restored to servicing excluding uninsured interest, if identified by the guarantor.
45. **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, Graduate PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan.) For repurchased loans (including rehabilitated loans), all interest capitalized after resumption of servicing of the rehabilitation or repurchase should be included in this field, including uninsured interest excluded per instructions for field 44.
46. **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, post-withdrawal return of funds, third party payments, and prepayments to principal. (Not applicable for CS or FC claims that include Stafford, PLUS, Graduate PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan.) For DI claims that are based on a Department of Veterans Affairs (VA) determination, do not include payments to principal made on or after the effective date of the grant of disability by the VA. For all DI claims based on the Department of Education's determination of eligibility for discharge, do not include payments to principal made after (on or after, for determinations based on VA documentation) the date of disability provided by the Department. For repurchased loans (including rehabilitated loans), include only those payments applied to principal following the repurchase or rehabilitation.
47. **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 calculated based upon this principal amount.
48. **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. Do not include this amount in field 49 or field 51. (Not applicable for CS or FC claims that include Stafford, PLUS, Graduate PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan.)
49. **Prin Claimed:** Based upon the calculations above, provide the total principal value of the claim.
50. **Int-Paid-Through Dt:** Provide the date through which interest was last satisfied. For DI claims, provide the date through which interest was last satisfied after making all applicable balance adjustments for refundable borrower payments (if any), unless a subsidized deferment or capitalized interest applied to the claimed loan(s) requires adjustment to a later date. For CS or FC claims that include Stafford, PLUS, Graduate PLUS, or SLS loans that have been paid in full as a result of a 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.
51. **Int Claimed As Of:** Provide the date through which interest claimed was accrued and the amount of outstanding accrued insured interest claimed. Do not include any uninsured interest (unpaid cure interest not capitalized) in this field. (For CS or FC claims that include Stafford, PLUS, Graduate PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan, 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).)
52. **Unpaid Cure Int Not Capitalized:** Provide the amount of unpaid interest that accrued during period(s) the account was out of guarantee that was not capitalized. (Not applicable for CS or FC claims that include Stafford, PLUS, Graduate PLUS, or SLS loans that have been paid in full as a result of a Consolidation loan.)
53. **Other Charges Claimed:** Provide the amount of any other insured 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.

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

IX. COLLECTION HISTORY (THE 270-DAY PERIOD PRIOR TO DEFAULT DATE):

- 60. Borrower's Social Security #:** Provide the borrower's social security number.
- 61. 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 phone number of the borrower or endorser were invalid before the account became delinquent (prior to DCO), 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 CS, FC or ID claims. Do not complete this section for DE, DI, BC or BH claims, unless the borrower's loans were delinquent prior to the DCO. However, for all DE claims, the "DD" collection activity code and corresponding date must be provided. For IN claims, final demand information must be provided; for DU claims, Intensive Collection Activities (ICA) must be provided. **NOTE: Provide all activities after day 270 pertinent to the collection of the account.**
- | | | | |
|----|--|----|---|
| BL | Date borrower located (for ICA/Location cures only) | PC | Lender requested default aversion assistance |
| CR | The date on which the payment was reversed due to nonsufficient funds for one monthly installment (when reporting nonsufficient funds that includes multiple installments, provide a CR code for each installment) | PR | The date on which one monthly installment was satisfied by payment or prepayment (when reporting a payment that includes multiple installments, provide a PR code for each installment) |
| DB | Deferment period/post deferment grace period, begin date | TA | Attempted phone contact with borrower |
| DD | Date of death | TC | Phone contact or contact in person with borrower |
| DE | Deferment period/post deferment grace period, end date | TR | Account converted from one servicing system to another |
| DS | Date disclosure sent (for ICA/Location cures only) | VA | Lender became aware of valid address for borrower |
| FB | Forbearance period begin date | VT | Lender became aware of valid phone number for borrower |
| FD | Final demand letter | | |
| FE | Forbearance period end date | | |
| IA | Lender became aware of invalid address 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 | | |
| IT | Lender became aware that all known phone numbers for borrower are invalid. | | |
| LC | Letter contact with borrower | | |
| LN | Lender approved a deferment or forbearance with ending date prior to lender's receipt of documentation or adjusted OSD that changes the delinquency | | |
- Skiptracing Activity Codes (to obtain address/phone number)**
- | | |
|----|---|
| SA | Contact attempted with reference or endorser by phone or a reference skiptracing activity |
| SD | Contact with Directory Assistance for borrower, endorser, or comaker |
| SO | Other skiptracing activity including contact or contact attempt to a relative, individual, borrower, or other entity by phone or letter |
| SR | Contact with reference or endorser by phone or letter |
| SS | Contact with borrower's school by phone or letter |

X. INCOME BASED REPAYMENT: For each loan included in this claim (NOT including Parent PLUS or Consolidation loans that include Parent PLUS), provide the requested information as applicable. Do not complete this section for CS, DE, FC, ID, or IN claims. Also, do not complete this section for BC, BH, or DI claims for which no first payment due date has been established.

- 62. 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).
- 63. Standard-Standard \$:** For each loan listed, provide the payment amount calculated when the borrower initially entered repayment based on a 10-year term.
- 64. Permanent-Standard \$:** For each loan listed, provide the payment amount calculated immediately preceding entering an Income Based Repayment plan on the loan balance outstanding at the time the loan enters IBR, calculated based on a new 10-year term.
- 65. 25-Year Forgiveness Begin Dt:** For each loan listed, provide the earliest date the 25-year clock can begin for loan forgiveness calculation. This date will be the first qualifying payment date or the date an Economic Hardship deferment began, but no earlier than July 1, 2009.
- 66. # Qualifying Forgiveness Mnths:** For each loan listed, provide the total number of forgiveness months satisfied by qualifying IBR payments and/or Economic Hardship deferment.
- 67. IBR Start Dt:** For each loan listed, provide the date the loan was initially placed in the IBR plan.
- 68. # Days HRD Def:** For each loan listed, provide the number of days the loan was on an Economic Hardship deferment on or after the date in field 67.