



Federal Perkins Loan Program
Deferment / Cancellation Request for:
Nurse, Medical Technician, or Fire Fighter



First Name: Last Name: M.I.
SID: -or- Last 4 digits of SSN:
Current Mailing Address:
City: State: Zip: Phone Number:
Lending Institution: Email Address:
(Name of college that provided the loan) (You will be contacted at this email address if form is incomplete)

Part I: To be completed by applicant.

I declare I am/was employed FULL-TIME as: a nurse or medical technician certified, registered or licensed by the state in the field of providing medical services during the period for which I am requesting benefits. (Must provide copy of license)
a fire fighter for service to a Federal, State, or Local fire department or fire district.

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.

(Employment Dates Must Equal One Year)

Start Date of Employment: (mmddy) : Are You Still Employed? Yes No : End Date of Employment

DECLARATION: I declare all information provided in this request to be accurate and true. I will notify ECSI and/or my lending institution immediately of any change in my employment status and begin payment if required.

Signature of Borrower Date

An employer-certified job duties description must be attached.

Part II: To be completed by employer.

By signing below, I certify that the above information is true and correct.

Name of Employer

Authorized Official's Name & Title Date

Signature of Authorized Official (signature stamp unacceptable) Telephone Number

Address

City, State, Zip

Place Employer Seal or Stamp Here
(notary seal not acceptable)

*This form will be returned to borrower if incomplete.

*If employer seal or stamp not available, please attach letterhead certification: A letter written on employer letterhead by the employer verifying full-time dates of employment & job description.

CHECK LIST

Nurse, Medical Technician or Fire Fighter

IMPORTANT: Complete all sections. Requests that are missing information will not be processed.

- Attach a copy of your job description.
- Attach a copy of your professional license. (Medical technician only)
- Attach signed certification letter from employer if stamp is not available.
- All signatures present?

REMEMBER TO SUBMIT YOUR DEFERMENT/CANCELLATION REQUESTS EACH YEAR

Frequently Asked Questions

What are my deferment dates?

Use your hire/start date as the beginning date. The ending date for a deferment is the *upcoming* one year period that you expect to remain employed. Be sure to submit the Deferment/Cancellation form as soon as you first become employed full time in an eligible position so that your deferment is put into place for the upcoming year. You may leave the cancellation section blank in this case because you have not yet completed one full year of service.

What are my cancellation dates?

You are eligible for cancellation upon completion of each full year of eligible employment, so these dates will be for the year just completed. Do not submit the cancellation request before you have completed 12 months of employment.

What if I had more than one employer?

If you changed employers during the previous year, submit a separate form from each employer at the end of the original 12 month period. The first employer will certify the date you started and your ending date. The second employer will certify your start date with them. You remain eligible for the deferment and cancellation benefits as long your break in employment was less than 30 days.

What is the cancellation schedule?

15% after the 1st and 2nd years of employment
20% after the 3rd and 4th years of employment
30% after the 5th year of employment

Do I need to make monthly payments during an approved deferment period?

No, you should not make payments. Any payment you do make cannot be returned to you. If you are no longer employed in an eligible job then you will enter a six month Post-Grace Period Deferment after which you will be required to make monthly payments.

Where can I get the Cancellation/Deferment Form? www.ecsi.net. Select "Borrower", "Forms", and "University of Puget Sound".

Where do I mail the completed form?

ECSI, 181 Montour Run Road, Coraopolis, PA 15108-9408 **Questions?** Call ECSI Borrower Services at 1-888-549-3274