PLEASE READ THE FOLLOWING INFORMATION CAREFULLY TO DETERMINE WHETHER YOU NEED TO TAKE ACTION

WHY WE ARE CONTACTING YOU
To provide you with a deferment application for your National Guard Educational Assistance Program (NGEAP) loan(s).

CRITERIA TO QUALIFY
- Must be unable to work and earn money or go to school for at least 60 days to recover from an injury or illness.
- Must not be requesting this deferment based on a condition that existed before agreement to the NGEAP Program.
- Must not be requesting this deferment based on an uncomplicated pregnancy.

OR

- Must have a spouse, child or parent that requires at least 90 days of continuous nursing or similar care that prevents the primary borrower from securing employment of at least 30 hours per week in a position expected to last at least three months.

WHAT ACTIONS YOU NEED TO TAKE
If you would like to apply for this deferment, complete the application in its entirety.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL
- Returned deferment applications are typically processed within 20 days of receipt. You will receive a letter indicating whether your request has been approved or denied.
- It is important to continue to make payments until your deferment request has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the deferment has been approved.
- If you are currently using our Electronic Transfer Service, Direct Debit, payments will continue to extract until your forbearance request is approved. Please note that if at any time you wish to suspend a monthly extraction, you need to contact us at least 3 business days prior to your due date.

Short on time? View your payment history, pay online, check your balance, and more, at aesSuccess.org/accountaccess. Account Access is the quickest and easiest way to manage your student loan account -- so you'll have more time to focus on the other priorities in your life.
National Guard Educational Assistance Program

Temporary Total Disability Deferment Request

AES Graduate and Professional Services
P.O. Box 2461
Harrisburg, PA 17105-2461
Fax: 717-720-3916

Section 1 - Deferment Request - Must be completed by borrower or borrower’s representative. May complete and sign this section on my behalf if I am unable to do so because of my disability.

I meet the qualifications (for a Disability Deferment) and request that AES defer repayment of my NGEAP account.

- Defer (postpone) repayment of my account while I am TEMPORARILY TOTALLY DISABLED. (Maximum eligibility is three years. Eligibility must be re-certified by my physician, using this form, every six months)
- Defer (postpone) repayment of my account while I cannot secure employment because of the care required for my spouse, child or parent who is disabled. (Maximum eligibility is 12 months). Complete the following section:

  Name of Disabled Spouse, Child or Parent: ____________________________
  Relationship to Borrower: ____________________________

Borrower Authorization, Understanding and Certifications

I authorize any physician, hospital or other institution having records about the disability for which I am requesting deferment of payments to make information from those records available to American Education Services (AES), or the National Guard.

I understand that: (1) My deferment will begin no more than six months before the date AES receives this request or the date the deferment condition begins, whichever is later; (2) My deferment will last no longer than six months after the date my physician certifies this request; (3) AES will not grant this deferment request unless all applicable sections of this form are completed; and (4) Principal and interest payments will be deferred. I understand that any interest which accrues during my deferment period will be capitalized to the extent such amounts are not paid by me prior to the conclusion of any approved deferment periods. This will increase the principal balance of my NGEAP account.

I certify that: (1) The information provided in Section 1 above is true and correct; (2) I will provide additional documentation, as required, to AES to support my continued deferment status; (3) I will notify AES immediately when the condition that qualified me for the deferment ends; and (4) I have read, understand, and meet the conditions of the deferment for which I have applied.

Borrower (Borrower’s Representative) Signature: ____________________________
Address of Borrower’s Representative: ____________________________

Section 2 - Physician’s Certification - Please print or type.

Instructions for Physicians: You are being asked to complete and sign this form to certify that the disabled person is temporarily totally disabled. You may complete this form only if you are a doctor of medicine or osteopathy, legally authorized to practice. Sign the certification only if the disabled person’s condition meets the definitions in the preceding cover letter. Please complete all requested information, you may attach additional pages if necessary.

The disabled person became unable to work and earn money, attend school or required continuous nursing or similar care on (MM-DD-YY) ______________________ and the disabling condition or continuous care is expected to continue until (MM-DD-YY) ______________________.

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgment, the disabled person named above is unable to work and earn money because of a medically determined impairment.

Physician’s Signature: ____________________________
Address: ____________________________
Physician’s Name: ____________________________

Send completed form to address above

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