WHY WE ARE CONTACTING YOU

To provide you with a forbearance application for your Health Profession loan(s) serviced by AES.

WHAT ACTIONS YOU NEED TO TAKE

If you would like to apply for forbearance, complete the application in its entirety and include the required documentation as detailed on the application.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

- Returned forbearance applications are typically processed within 10 business days. You will receive a letter indicating whether your request has been approved or denied.

- It is important to continue to make payments until your forbearance request has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the forbearance has been approved.

- If you are currently using our Electronic Funds Transfer, 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.

- If you use a deferment or forbearance, your eligibility may be delayed for, or you may be disqualified for any incentive programs that your lenders may offer. If you have any questions regarding your eligibility and how this may impact your account, please contact us at 800-233-0557.
HEALTH PROFESSIONS FORBEARANCE REQUEST

Forbearance is provided as an alternative to regular monthly payments. The forbearance is available for a maximum of 24 months and is granted in increments no greater than 3 months. FORBEARANCE IS GRANTED AT THE DISCRETION OF THE OWNER.

Please complete all fields below. Your request may be denied if the form is not completed correctly.

SECTION 1: BORROWER INFORMATION
Borrower Account Number: 
Borrower Name: 
Address: 
City: State: Zip: 
Telephone Number: ( ) - Alternate Telephone Number: ( ) - 
Email Address: 
Employer Name: Employer Telephone Number: ( ) - 

SECTION 2: CO-BORROWER INFORMATION
Co-borrower Name: 
Address: 
City: State: Zip: 
Telephone Number: ( ) - Alternate Telephone Number: ( ) - 
Email Address: 
Employer Name: Employer Telephone Number: ( ) - 

SECTION 3: REQUEST PERIOD
Number of months you are requesting forbearance: 
If the forbearance is being requested for specific loans, list the first disbursement dates of each: 

SECTION 4: FORBEARANCE AGREEMENT
I hereby request forbearance on my eligible privately guaranteed loans. I certify that I am unable to make payments according to the present terms of my loan(s). I understand that any unpaid interest will be added to the outstanding balance at the end of the forbearance period. My monthly payments may be recalculated at the end of the forbearance based on the new principal balance (including capitalized interest, if any).

I understand that should my situation under which I applied for forbearance change, I must notify AES Graduate and Professional Services. The above information is true and correct to the best of my knowledge. I understand that misrepresentation may lead to the denial of my request. I have read and understand and agree to the terms of this forbearance request.

Borrower or Co-Borrower Signature 
Date 

Return completed form to: American Education Services * P.O. Box 2461 * Harrisburg, PA 17105-2461