TEXAS MEDICAL ASSOCIATION

Educational Loans

Physicians Caring for Texans

Dear Borrower:

Thank you for your interest in the status of your TMA educational loan(s). The deferment application and other forms necessary for completion are included in this PDF file. Please complete and sign the appropriate pages and return to info@tmaloanfunds.com.

According to the terms of our student loans, repayment of principal is deferred until four years after graduation. An interest payment is due each year on the anniversary of the loan.

For resident loans, the repayment of principal is deferred until the second year after disbursement. An interest payment is due one year after the anniversary of the loan.

In order to receive a deferment, you must meet the following criteria:

1. Be in good academic standing (if still enrolled in school)
2. Establish a legitimate reason for deferment
3. Payments due **must** be current
4. Receive approval from the Educational Scholarship & Loan Committee and the Board of Trustees (meetings normally held in February and September)

You must reapply at the end of your deferment period if you wish to extend your deferred status.

Please inform TMA of any address changes. You may do so by registering online at www.tmaloanfunds.com.

If you require further assistance, please email info@tmaloanfunds.com.

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DEFERMENT REQUEST

MUST BE TYPED

(Accounts are required to be current. Incomplete applications will not be considered.)

ACCOUNT NUMBER _____

BORROWER NAME _____

ADDRESS _____

_____

EMAIL ADDRESS _____ ☐ PLEASE CHECK HERE IF CHANGE OF ADDRESS.

HOME TELEPHONE _____ MOBILE TELEPHONE _____

RETURN COMPLETED FORMS TO:
info@tmaloanfunds.com

Check the box that best explains the reason for your request.

☐ I am engaged in an INTERNSHIP/RESIDENCY/FELLOWSHIP PROGRAM. – *Verification of Internship/Residency/Fellowship Form must be completed and signed.* (Granted up to training end date)

☐ I am experiencing an EXCESS DEBT BURDEN. – *Borrower must submit extra page explaining current financial situation and outlining future repayment plan.* (Granted for up to 6 months at a time)

DEFER (select one): ☐ Interest Only ☐ Principal Only ☐ Principal and Interest

_____ _____ _____

Medical School Graduation Date Training End Date Requested End Date for Deferment

Medical School Where Graduated _____

STATUS: ☐ Married ☐ Single # of Dependents _____

FINANCIAL INFORMATION

MONTHLY EXPENSES		MONTHLY INCOME	
Rent		Salary (net)	
Mortgage		Spouse's Salary (net)	
Utilities		Other Income	
Phone		Other Income	
Transportation			
Medical Expenses			
Other Education Loans			
Installment Payments			
Childcare			
Food			
Other(**provide details on extra sheet**)			
TOTAL MONTHLY EXPENSE	0	**TOTAL MONTHLY INCOME**	0

By typing my name on the signature line, I certify that the information I have provided on this form is true and correct. I will notify my lender immediately of any address changes. I understand that during the deferment period, I am not required to make payments, but interest will continue to accrue on all of my loans. Unpaid interest is capitalized at the end of the deferment meaning that it is added to the principal balance of my loan(s). This will increase the principal amount and the total cost of my loan(s).

_____ _____

Borrower's Signature/Typed Date

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VERIFICATION OF INTERNSHIP/RESIDENCY/FELLOWSHIP

(Submit with Deferment Request)

This is to certify that_____
(borrower name)

is an ☐ Intern ☐ Resident ☐ Fellow

in_____
(field of medicine)

at_____
(name of hospital)

beginning_____ and ending_____
(date) (date)

Name of Authorized Official	Address
Authorized Official's Signature	City, State, Zip
Title	Telephone
Date	

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EXTRA SHEET

(Submit with Deferment Request)

EXCESS DEBT BURDEN:

Explain your current financial situation and the reason for this request:

Outline your future repayment plan:

Other Expenses - Details: