Plan name: _____

Plan number: _____

Coronavirus-related Loan Repayment Suspension Form

Step 1: Your information

Print in block letters in black or blue ink. Do not write outside the boxes. All requested personal information is required to be completed.

First name

MI

Last name (Entire name must match the name on file.)

U.S. Social Security number/
U.S. Taxpayer Identification number

Date of birth
(mm/dd/yyyy)

Account extension
(if this applies)

Account address

City

State

ZIP Code

Step 2: Instructions

By signing below, I certify I am a Qualified Individual because I meet one or more of the following requirements under the CARES Act:

(i) I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; or

(ii) My spouse or dependent (as defined in §152 of the Internal Revenue Code (IRC) of 1986) has been diagnosed with such virus or disease by such a test, or;

(iii) I have experienced adverse financial consequences due to such virus or disease because of one or more of the following reasons:
- I was quarantined.
- I was laid off or furloughed.
- My work hours were reduced.
- I was unable to work due to lack of child care.
- I had to close or reduce working hours for the business I own or operate.
- Other factors as determined by the Secretary of the Treasury.

I elect to delay any repayments that have not been made and are due on my outstanding loan between March 27, 2020 and December 31, 2020. I understand and agree that any payments due on my loan prior to March 27, 2020 are not eligible for suspension and, if not paid, will cause my loan to default. If my payment are current on this loan through March 27, 2020, I understand and agree the loan will be reamortized and extended by the length of this suspension to account for the delayed repayments plus accrued interest.

Step 3: Signature and consent

My consent:

I understand and agree to all pages of this form and affirm all information is correct.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature

Date (mm/dd/yyyy)

An original, handwritten signature is required on this form.

Send your request

Electronically:	Log in to your account and click *Account* at the top of the page and then select *Overview* from the drop down menu. From the left navigation menu, select *Upload documents*.