

CERTIFICATION OF QUALIFICATION FOR CARES ACT

LOAN REPAYMENT SUSPENSION

I am applying for a Coronavirus-related Loan Repayment Suspension as provided for under the CARES Act of 2020 and certify that I satisfy one of the following conditions and am therefore a Qualifying Individual as defined by the Act:

- I have been diagnosed with SARS-COV-2 or COVID-19 by a test approved by the Centers for Disease Control and Prevention; or
- My spouse or dependent has been diagnosed with SARS-COV-2 or COVID-19; or
- I have experienced adverse financial consequences as result of being quarantined, furloughed, laid off, having work hours reduced, unable to work due to lack of childcare, closing or reducing hours worked by business owned or operated by individual.

I hereby elect to delay any loan repayments that have not been made and are due on my outstanding participant loan between March 27, 2020 and December 31, 2020. I understand and agree the loan will be reamortized and extended by the length of this suspension to account for any delayed repayments plus accrued interest.

Acknowledgement/Authorization

Plan Name _____

Print Participant Name _____

Participant Signature _____

Date Signed _____