



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:

Texas Medical Association
Educational Loan Funds
401 West 15th Street
Austin, TX 78701-1680

If you prefer, you may fax your completed paperwork to (512) 370-1693.

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 **must** be current
4. Receive approval from the Educational Scholarship & Loan Committee and the Board of Trustees (meetings normally held in February and September)

If your request is approved, you will receive a deferment form to be completed and returned to the Texas Medical Association, Educational Loans Department. 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 call (800) 880-2828 or e-mail info@tmaloanfunds.com.



Physicians Caring for Texans

DEFERMENT REQUEST

ACCOUNT NUMBER _____

CUSTOMER NAME _____

ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE NUMBER (____) ____ - _____ ALTERNATE TELEPHONE (____) ____ - _____

RETURN COMPLETED FORM TO:
Texas Medical Association
Educational Loans Department
401 West 15th Street
Austin, TX 78701-1680
Fax: (512) 370-1693

PLEASE CHECK HERE IF CHANGE OF ADDRESS.

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

Accounts must be current and incomplete applications will not be accepted.

- 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: Interest Only Principal Only Principal and Interest

____/____/____ Graduation Date/Completion of Training ____/____/____ Requested End Date for Deferment

STATUS: Married Single # of Dependents _____

FINANCIAL INFORMATION/MONTHLY BUDGET

Rent/House payment _____	Salary (net) _____
Utilities _____	Spouse's salary (net) _____
Telephone _____	Other Income _____
Transportation _____	_____
Medical Expenses _____	
Other Education Loans _____	
Installment Payments _____	
Childcare _____	
Food _____	
Other _____	

TOTAL EXPENSE _____ TOTAL INCOME _____

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

Date



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**VERIFICATION OF
INTERNSHIP/RESIDENCY/FELLOWSHIP**
(Submit with Deferment Request)

This is to certify that _____
(name)

is an Intern
 Resident
 Fellow

in _____
(field of medicine)

at the _____
(name of hospital)

beginning _____ and ending _____
(date) (date)

Name of Authorized Official

Address

Authorized Official's Signature

City, State, Zip

Title

Telephone

Date

