



Physicians Caring for Texans

RESIDENT LOAN PROGRAM

HOW TO APPLY

Physicians may apply directly through Texas Medical Association. Residents must complete and submit the following:

- A completed and signed application and promissory note. It is important that you state the reasons for your financial need when making the request. Your signature on the application constitutes permission to obtain your credit report.
- A completed a signed verification of residency form.
- Once all the necessary paperwork is returned and a satisfactory credit report is received, you will be contacted by one of our TMA interviewing trustees for a telephone interview.

INTEREST RATE: 4.4%

PRIMARY LOAN FUNDS:

Dr. S. E. Thompson Scholarship Fund

- Available to physicians in any year of post graduate training
- A resident physician may borrow up to a maximum of \$3,000
- The residency must be in an accredited program within the state of Texas
- If an individual received a TMA loan from Dr. S.E. Thompson Scholarship Fund while in medical school, that amount will be included in the maximum allowed.

Patricia Lee Palmer Trust Loan Fund

- Available to single female physicians in any year of post graduate training.
- A resident physician may borrow up to a maximum of \$3,000
- Applicants must be U.S. citizens
- The residency must be in an accredited program within the state of Texas

REPAYMENT TERMS

- **Interest is due each year on the anniversary of the loan until principal repayment begins.**
- Principal repayment begins two years after disbursement of the loan. Equal monthly payments will be made for 12 months on a \$1,000 loan; 24 months on a \$2,000 loan, or 36 months on a \$3,000 loan.
- Loans may be repaid in full at any time without pre -payment penalty.
- Please consult the promissory note for other terms of this loan.

RETURN PAPERWORK TO:

Texas Medical Association
Educational Loans Department
401 W. 15th St.
Austin, TX 78701

For more information, please contact the TMA Educational Loans Department at (800) 880-2828 or review our website at www.tmaloanfunds.com.



401 W. 15th St.
Austin, TX 78701
(800) 880-2828

Physicians Caring for Texans

Loan Interest Rate & Fees

Your interest rate is fixed at:

4.40%

Your Starting Interest Rate (upon approval)

The interest rate you pay will be 4.40%.
This rate has been determined by governing documents
of various TMA student loan funds.

Your Interest Rate during the life of the loan

Your rate is fixed during the life of the loan at 4.40%.

Loan Fees

Not applicable.

Loan Cost Examples

The total amount you will pay for this loan will vary depending upon when you start to repay it. This example provides estimates based upon two repayment options available to you while enrolled in school. Also, example five provides the repayment schedule for TMA's Resident Loan Program.

In-School Repayment Options	Sample Loan Amount	Interest Rate (Fixed)	Sample Loan Term	Sample Total Paid
1. Sam E. Thompson Scholarship Loan Program Loan received at beginning of third year	\$3,000	4.40%	10 years	\$4,040
2. Sam E. Thompson Scholarship Loan Program Loan received at beginning of fourth year	\$3,000	4.40%	9 years	\$3,908
3. May Owen Trust Scholarship Loan Program Loan received at beginning of third year	\$4,000	4.40%	10 years	\$5,386
4. May Owen Trust Scholarship Loan Program Loan received at beginning of fourth year	\$4,000	4.40%	9 years	\$5,210
5. Resident Loan Program	\$3,000	4.40%	5 years	\$3,483

See reference notes on next page for more information about this example.

Federal Loan Alternatives

Federal Loan Programs*	Current Interest Rates (for loans with a first disbursement between July 1, 2018, and June 30, 2019)
STAFFORD for Students	6.595% fixed Graduate Unsubsidized
PLUS for Parents and Graduate/ Professional Students.	7.595% fixed

You may qualify for Federal education loans. For additional information, **contact our school's financial aid office or the Department of Education at:** StudentAid.gov

*Please note that fees may apply to these Federal loans.

Next Steps

1. Find Out More About Other Loan Options.

Some schools have school-specific student loan benefits and terms not detailed on this form. Contact your school's financial aid office or visit the Department of Education's web site at federalstudentaid.ed.gov for more information about other loans.

2. To Apply for a TMA Student Loan, Complete the Application and the Self-Certification Form.

The certification form is attached or can be obtained from your school's financial aid office. If you are approved for this loan, the loan terms will be available for 30 days (terms will not change during this period, except as permitted by law).

Reference Notes

Eligibility Criteria

STUDENT LOAN PROGRAM

Interest is due on the anniversary date of the loan.

Repayment of the principal portion of the loan begins four years after graduation.

Equal monthly payments will be made for four years.

Loans may be repaid in full at any time prior to maximal tenure without penalty.

The note will become due if the student should discontinue the study of medicine.

An interview will be required with a Trustee of the Texas Medical Association.

RESIDENT PHYSICIAN LOAN PROGRAM

Loans are available to physicians in any year of postgraduate training.

A resident physician may borrow up to a maximum of \$3,000.

The residency must be in an accredited program within the state of Texas.

Note: If an individual received a TMA loan from the Dr. S.E. Thompson Scholarship Fund while in medical school, that amount will be included in the maximum available.

More information about loan eligibility is available in your loan application, promissory note, and online at www.TMALoanFunds.com.

Bankruptcy Limitations

- If you file for bankruptcy you may still be required to pay back this loan.



Educational Loans
Physicians Caring for Texans

Resident Physician Loan Application

Date: _____

Loan Fund: _____

Sex: [] Male [] Female

SSN: _____

Personal

Name Last First MI or Maiden MD or DO

Current Address Street City State Zip

Home Phone # Cell Phone #

E-mail

Birth Date Place of Birth

Are you a Texas resident? Are you a U.S. citizen? If not, what is your visa classification?

Of what country are you a citizen? If not U.S., what is your visa classification?

Of what county and state are you a resident?

Parent's or permanent address (street, city, state, zip)

Marital Status: [] Single [] Married [] Divorced [] Separated

Spouse's name Occupation

Dependents' names and ages

Educational

Medical School Graduation year

Graduate medical education specialty

Name of hospital

Address

Beginning date of training Ending date of training PGY

Name of the Chief of Service or Program Director

Financial - (Monthly)

Do you own your own home? Installments \$ When does repayment begin?

Mortgage/Rent \$ Child care \$ Monthly payment \$

Telephone \$ Other expenses \$ Monthly gross earnings \$

Utility \$ \$ Spouse \$

Food \$ \$ Monthly net \$

Type & year of car(s) \$ Spouse \$

Gas/transportation \$ Student loans \$ Financial institution

Auto loan(s) \$ Undergraduate \$ Type(s) of account(s)

Auto insurance \$ Medical School \$ Balances \$

Medical insurance \$ Spouse \$ \$

Expenses exceeding coverage \$ Are loans deferred? \$

What is the immediate need for this loan?

I hereby request a loan in the amount of \$ from the TMA Resident Physician Loan Program. I certify that the information submitted herein is true and correct to the best of my knowledge. My signature grants TMA permission to obtain a credit history report to determine eligibility for the loan.

Signature of Borrower

Date

All information required. Incomplete applications will delay process.



Educational Loans
Physicians Caring for Texans

Resident Promissory Note

Texas Medical Association Resident Physician Loan Program

401 WEST 15th STREET AUSTIN, TEXAS 78701-1680

Expected Date of Loan: _____, 20 _____ Expected Date of Graduation: _____, 20 _____

Name of Fund: _____ Amount of Loan: \$ _____

The term "borrower" as used herein shall be construed as singular or plural, masculine, neuter, or feminine as the occasion may require, and includes the heirs, executors, administrators, successors, representatives, receivers, trustees and assigns of those parties.

If any provision of this agreement shall for any reason be held to be invalid or unenforceable, such shall not affect any other provision hereof, but this agreement shall be construed as if such invalid or unenforceable provision had never been contained herein.

REPAYMENT — For value received, the undersigned, hereinafter called "Borrower," whether one or more, promises to pay to the order of Texas Medical Association at the address of the Texas Medical Association, P.O. Box 143026, Austin, Texas, 78714-3026 the sum of \$ _____ with interest thereon from the date of this note until paid at the rate of **4.4%** per annum on the following schedule:

- (1) Borrowers will be required to pay the interest due on the principal on the anniversary of the loan,
- (2) Borrowers will begin principal repayment of the loan two years from the date of the loan,
- (3) Equal monthly payments of principal plus interest will be made for a period of time based upon the amount of the loan.
(\$1,000 = 1 year; \$2,000 = 2 years; \$3,000 = 3 years)

Borrower agrees that if payments of interest are not made during the period of time when there are no payments which include payment on principal, such unpaid interest balances will be capitalized and the loan will be reamortized prior to monthly repayment of principal and interest. Unless interest payments are made, interest that is charged on Borrower's loan during grace, in-school, deferment, forbearance, and other periods will be added to the principal balance of the loan. Borrower may prepay all or any portion of the indebtedness represented by this note without penalty. If all or any part of the indebtedness is prepaid by cash, a new loan, renewal, or otherwise, such prepayment will be applied first to earned finance charges and then to the balance of principal (Amount Financed). The amount of unearned finance charges will be computed by applying the annual percentage rate to the outstanding principal (Amount Financed) for the period of time that it is actually outstanding.

DISCLOSURE OF LOAN TERMS — SEE ATTACHED SHEET FOR DISCLOSURE OF LOAN TERMS. At or before the time of the first disbursement of each loan a disclosure statement will be provided to Borrower identifying the amount of the loan and additional terms of the loan.

CHANGE OF STATUS — Borrower must notify Texas Medical Association immediately of any change to Borrower's name, address, telephone number, or Social Security number.

LEGAL NOTICES — Any notice required to be given to Borrower will be effective if sent by first-class mail to the most recent address Texas Medical Association has for Borrower, by electronic means to an address Borrower has provided, or by any other method of notification permitted or required by applicable statute and regulation.

DEFAULT AND ACCELERATION — In the event of default in the payment of any installment of interest or of principal and interest on this note when due, or in the event that the Borrower designated as "resident physician" discontinues the study of medicine, then the Fund, or other holder hereof, shall have the option, without demand or notice, to declare the unpaid principal and interest of this note at once due and payable.

COLLECTIONS — If this note is placed in the hands of an attorney for collection after maturity or is collected by legal proceedings of any kind, Borrower agrees to pay a reasonable attorney's fee which shall not in any event be less than 10% of the amount of the principal and interest from the date of its accrual at the highest rate permitted by law. All delinquent principal and interest will bear interest from its due date until paid at the highest rate permitted by law. Additionally, Borrower shall if the note is placed within a collection agency agree to pay all of the collection fees of collection agency, which shall be up to 50% of the amount of the principal and interest due, and all costs and expenses, including reasonable attorney fees, the Fund incurs in such collection efforts.

GOVERNING LAW — This Note shall be governed, construed, and enforced in accordance with the laws of the State of Texas, without regard to its conflict of laws rules. Venue shall be Travis County, Texas.

AUTHORIZATION — Borrower authorizes Texas Medical Association and their respective contractors to contact Borrower regarding Borrower's loan request or Borrower's loan(s), including repayment of Borrower's loan(s) at the current or any future number that Borrower provides or is attributable to the Borrower for Borrower's cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice and text messages. In addition, Borrower authorizes use of electronic communications by Texas Medical Association and their contractors.

PROMISE TO PAY — Borrower promises to pay all loan amounts disbursed under the terms of this promissory note, plus interest and other charges and fees that may become due; regardless of whether or not a bill or coupon booklet is received. Borrower understands that by accepting any disbursements issued at any time under this Note, Borrower agrees to repay the loan(s). Borrower hereby acknowledges that this Note with disclosures was complete as to all its provisions and disclosures before it was signed by Borrower and that a completed, signed copy was delivered to Borrower at the time of the signing. Borrower's signature certifies that Borrower has read, understands, and agrees to the terms and conditions of this Note.

TMA LOAN FUNDS ADMINISTRATION PRIVACY STATEMENT

We collect nonpublic personal information about you from the following sources: information we receive from you on applications or other forms; information about your transactions with us, our affiliates, or others; and information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you: Information we receive from you on the application or other forms, such as your name, address, Social Security number, and graduation date. We may disclose the above nonpublic personal information about you to our affiliate the Texas Medical Association and its component medical societies. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Borrower (Resident Physician)

Signature: _____ Date: _____

Name Typed or Printed: _____

Address: _____

Original - TMA
Yellow copy - Borrower
W000290.7/14



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Verification of Internship/Residency/ Fellowship

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