



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 15<sup>th</sup> 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 are 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](http://www.tmaloanfunds.com).

If you require further assistance, please call (800) 880-2828 or e-mail [info@tmaloanfunds.com](mailto:info@tmaloanfunds.com).



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# 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 15<sup>th</sup> 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 12 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 (gross) _____
Utilities _____	Spouse's salary (gross) _____
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

