



Medical Residency Deferment Request

When applying for the Medical Residency Deferment Program, here are some things to know:

- The program is only for RI Advantage Borrowers (students attending a college or university in Rhode Island or to Rhode Island resident students attending college anywhere in the country) who have a RISLA Deferred Repayment Loan or a RISLA Deferred Repayment Refinance Loan.
- Your RISLA loan(s) must be in repayment and in good standing.
- **The approval of your deferment request is at our discretion. We'll contact you once we've completed our review. Please continue to make any required payment each month until you receive our decision.**
- You may be eligible to postpone or reduce your payments in periods of up to 12 months at a time for a maximum of seven (7) years.
- If your deferment request is granted and your loan(s) required interest-only payments during your initial in-school and grace period, you are still required to make interest-only payments during the Medical Residency Deferment period.
- You are responsible for the interest that accrues during the deferment period. If you choose not to pay the interest that accrues during this time, the unpaid interest will be capitalized (added to your principal balance) at the end of each of your Medical Residency Deferment periods. As a result, more interest may accrue over the life of the loan and the Current Amount Due may be higher. We encourage you to consider paying at least the interest as it accrues, which will save you money over the life of the loan.
- To be eligible, you must provide RISLA with a copy of your Residency Employment Contract.

How to apply:

1. Print this document
2. Complete and sign Section II of the form on Page 2
3. Provide a copy of your Residency Employment Contract
4. Return the completed form and Residency Employment Contract to us by one of the following ways:
 - Securely Online: www.risla.com/send-docs
 - Fax: 401.468.2195
 - Mail: RISLA, P.O. Box 81071, Warwick, RI 02888-0089

If you have any questions please contact RISLA at 888.897.4752 or customerservice@risla.com.



Please complete the following information and return the completed form and a copy of your Residency Employment Contract to us by one of the following ways:

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Section I: Borrower Request & Terms and Conditions

I request that RISLA postpone or reduce payments on my eligible loan(s) for up to 12 months while I am enrolled in an eligible Medical Residency Program. I understand that if RISLA approves my request and my loan(s) required interest-only payments during the initial in-school or grace period, I will continue to make interest-only payments to RISLA during the Medical Residency Deferment period on the same terms as the repayment option that applied to my loan(s) during the initial in-school and grace period. If approved, I understand that RISLA will notify me of the Current Amount Due (if a payment is required) and the Medical Residency Deferment end date. I understand that the decision to allow me to postpone payments or make reduced payments is at RISLA's sole discretion.

If approved, I understand that I am responsible for the interest that accrues during the deferment period. If I choose not to pay the interest during this time, any unpaid interest will be capitalized (added to the principal balance) at the end of each Medical Residency Deferment period. As a result, more interest may accrue over the life of the loan, the Current Amount Due may be higher, and more payments may be required. RISLA encourages you to consider paying at least the interest as it accrues, which will save you money over the life of the loan.

I agree to notify RISLA if my residency enrollment changes.

If approved, I agree to the terms of this Medical Residency Deferment and intend to repay my loan(s) after this deferment period expires in accordance with the terms of my Promissory Note(s).

Section II: Borrower Information (Please Print):

Borrower Name: _____ Borrower SSN: _____

Address: _____

Cell Phone: _____ Email Address: _____

Residency Program began (MM/DD/YYYY) _____ and will end (MM/DD/YYYY) _____

I agree to the terms and conditions explained in Section I.

Borrower Signature: _____ Date: _____