

**BORROWER:** 

## State of Wisconsin Higher Educational Aids Board

Tony Evers Governor

P.O. Box 7885 Madison, WI 53707-7885 E-Mail: HEABmail@wi.gov

**CREDITOR:** 

Telephone: (608) 267-2206 Fax: (608) 267-2808 Web Page: http://heab.wi.gov

**RIGHT TO CANCEL** 

Connie Hutchison, PhD
Executive Secretary

## **Nursing Student Loan: Final Disclosure**

(Last Name, First Name)	Administered by:	You have the right to cancel this transaction, without	
(Address)	<ul> <li>Higher Educational Aids Board</li> </ul>	penalty, within three days from the date you signed Form	
P. O. Box 7885		3- Loan Acceptance Form. No funds will be disbursed to	
(Address)	Madison, WI 53707-7885	you or to your school until after this time. Cancel this	
(City, State, Zip)	_	loan by returning to the financial aid office.	
	· · · · · · · · · · · · · · · · · ·		

### **Loan Rates & Estimated Total Costs**

\$ Total Loan Amount	Interest Rate	\$ Finance Charge	\$ Total of Payments
	5%		
The total amount you are borrowing.	Your current interest rate.	The estimated dollar amount the credit will cost you. Assumes five year repayment term	The estimated amount you will have paid if paid off in five years from date loan enters

# ITEMIZATION OF AMOUNT FINANCED

Amount paid to you	
Initial finance charges (total)	\$0.00
Total Loan Amount	

#### **ABOUT YOUR INTEREST RATE**

 Your rate is static. This means that your actual rate will not move lower or higher than the rate on this form.

#### **FEES**

- No fees are associated with this loan. Failure to make payments once repayment has begun will result in accrual of interest.
- Pursuant to Section 71.93 of Wisconsin Statue, failure to maintain contact with the State of Wisconsin Higher Educational Aids Board office and / or failure to repay debt may result in having your debt referred to the Department of Revenue.

## **Estimated Repayment Schedule & Terms**

	MONTHLY PAYMENTS		
Loan Term: Maximum term - 10 Years from initial date of repayment term.	At 5% the current interest rate of your loan	◆ The maximum payoff date may be reset based on	
25 month post graduation deferment period              Must work as a nurse or nurse educator             Yearly submission of Status and Employment Verification form required	No payment required  (No interest will accrue during this time; post graduation deferment period may be extended per administrative rules.)	individual circumstances.	
60 monthly payments		◆ Based upon a 5 year payoff schedule.	

<sup>\*</sup> A minimum monthly payment of \$50.00 is required.

#### **Private Education Loan Final Disclosure**

#### **REFERENCE NOTES**

#### **Bankruptcy Limitations**

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

#### Section 71.93 of Wisconsin Statute

 If your debt is referred to the Department of Revenue, a delinquent collection fee of 15% of the unpaid balance or \$35.00, whichever is greater, will be added to your account, forgiveness is terminated and interest will accrue at a rate of 5% annually until the amount due is paid in full.

#### Permanent disability or Death

 All obligations to repay the account shall cease upon proof of permanent disability or death.

#### **Repayment Options:**

- Repayment typically begins 25 months after graduation. Conditions of forgiveness may allow for repayment to begin at a later date.
- If not eligible for forgiveness, repayment will begin no sooner than six months after withdrawal or graduation.

#### Prepayments:

· There is no penalty for early repayment.

#### Calculations:

 Loan repayment calculations contained within this disclosure do not account for forgiveness you may earn as set forth by the conditions of the Wisconsin Nursing Loan Program.

See your loan agreement for additional information about nonpayment, default, and any required repayment in full before the scheduled date, and penalties.