STUDENT LOAN EXIT COUNSELING

MICHELLE GIBBONS, SENIOR ACCOUNTANT OFFICE OF STUDENT ACCOUNTS





- Personalized exit information
- Information provided should be used in conjunction with promissory notes, Borrower Rights and Responsibilities, applicable signed agreements, applicable law, and completed online federal exit counseling
- Senior Awards
 - Taxable
 - No withholding
- State Medical Society Loans
 - Interest starts accruing 7/1
 - May defer for up to five years while in residency/fellowship
 - They will send forms that must be returned to receive deferment

Medical College of Wisconsin CONFIDENTIAL. Do not share.



LOAN SUMMARY CHART

Student, MCW mcwtuition@mcw.edu

The following is a breakdown of the loans you received during your years at the Medical College of Wisconsin:

Direct Unsubsidized Loan	\$177,555
Direct GradPLUS Loan	\$48,691
Perkins Loan	\$6,000
Institutional Loan	\$6,000
Private Loan	\$5,000

Total Debt \$243,246

This reflects your principle loan balance according to the records in the Financial Aid Office at the Medical College of Wisconsin as of February 28, 2019. If you have borrowed additional loans since this date or repaid any of the loans, it is not reflected above.

The actual amount you owe will be different than what is reflected here due to accrued interest. This also does not include loans from other schools. Please contact your loan servicer if you want updated loan balances. To identify your federal loan servicer(s) please go to www.nslds.ed.gov.

In addition, we believe you should be aware that you received gift aid while in attendance at MCW which decreased your total debt.



2021 1098-T

- 1098-Ts will be sent to the address listed in MCWconnect.
- Remember you'll lose access when you leave so <u>update your email address</u> as soon as possible.
- Even though an electronic copy can be obtained, we still need a correct address to mail the hard copy.
- NOTE: MCW email address is only a User Name, does not have to be an active account.

My 1098-T Tuition Statement Tax Form

Obtain a copy your 1098-T Tuition Statement Tax Form located on the TAB Service Company 1098-T website. www.tsc1098t.com

Note that to enter the system, you will need to enter the following:

Site ID: 11428 (which is MCW's ID)
User Name: Your MCW email address
Default Password: Last 4 digits of your SSN

For security reasons, you will then be prompted to change your password. Enter your old password (last four digits of your SSN) and then enter a new password. The new password must be 7 characters and contain at least one numeric character.



DON'T GET SCAMMED

- The Department of Education has warned of "debt relief companies" that charge borrowers large up-front or monthly fees for Federal student aid services offered by the Department and its student loan servicers **for free**.
- They may attempt to give the impression that they were working with or for the government.





MOST IMPORTANT THINGS TO REMEMBER

• You've got this!

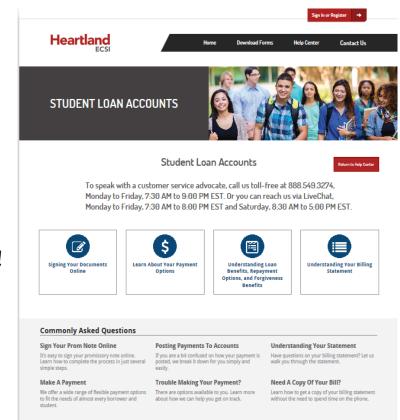


• Answers and action beat worrying. Call (414) 955-8172 or email mcwtuition@mcw.edu for assistance – that's what we're here for!



ECSI

- Third Party Loan Servicer
- Formerly Heartland ECSI
- ECSI's default due date is the 15th
- Entitlement Forms
 - https://www.ecsi.net/bwr/forms/w90-index.html
 - Things change check back for new forms each time!
- Contact Information
 - Phone: (888) 549-3274
 - Web: https://heartland.ecsi.net
 - Email: webcservice@ecsi.net
 - Chat: http://www.ecsi.net/bwr/contacts.html





TRUTH IN LENDING STATEMENTS

	DI E	ASE RETAIN ONE COPY OF THIS DOCUMENT FOR FUTURE REFERENCE	
COUNT NO.	LOAN	STUDENT LOAN EXIT INTERVIEW	RUN DATE
	TYPE	TRUTH IN LENDING STATEMENT	
44	40401A	W90-MEDICAL COLLEGE OF WISCONSIN	2/13/2018
		COUNT NO. LOAN TYPE	TYPE TRUTH IN LENDING STATEMENT

- The address on your statement may be very outdated.
- Information was provided to servicer when your first loan was awarded and in most cases will not have been updated since.

 NAME
 BORROWER, STUDENT

 ADDRESS
 1234 N 108TH ST APT B

 ADDRESS
 CITY
 WAUWATOSA
 STATE WI

ZIP CODE 53226 PHONE NO. 4145551234 REFERENCE NO. 123-4 - MAKE CHECKS PAYABLE AND MAIL TO W90-MEDICAL COLLEGE OF WISCONSIN

C/O HEARTLAND ECSI P.O. BOX 718 WEXFORD, PA 15090-0718

Phone: 888-549-3274 Office Hours: Mon-Fri 7:30am - 7:30pm EST

DO NOT SEND CASH

DATE LOAN ACCEPTED AMOUNT DATE LOAN ACCEPTED AMOUNT ACCEPTED

MAXIMUM TERM OF LOAN IN MONTHS 120 GRACE PERIOD IN MONTHS SEPARATION DATE 05/25/2018 CHARGE PENALTY OR LATE FEE YES GRACE PERIOD BEGINS 05/25/2018 ANNUAL PERCENTAGE FEE 3.000 GRACE PERIOD ENDS 05/15/2019 FREQUENCY --QUARTERLY--FIRST PAYMENT DUE 08/15/2019 | PLAN 1 = FIXED PAYMENT INCLUDING INT

TOTAL FINANCED 9,000.00 LESS PRINCIPAL PAID 0.00 EQUALS BALANCE 9,000.00

 $\label{lem:medical college} \textbf{Medical College of Wisconsin CONFIDENTIAL. Do not share.}$



TRUTH IN LENDING STATEMENTS (CONTINUED)

NO.	BALANCE DUE	PAYMENT TOTAL	PRINCIPAL DUE	FINANCE CHARGE	NO.	BALANCE DUE	PAYMENT TOTAL	PRINCIPAL DUE	FINANCE CHARGE
1	9,000.00	261.28	193.78	67.50	2	8,806.22	261.28	195.23	66.05
3	8,610.99	261.28	196.70	64.58	4	8,414.29	261.28	198.17	63.11
5	8,216.12	261.28	199.66	61.62	6	8,016.46	261.28	201.16	60.12
7	7,815.30	261.28	202.67	58.61	8	7,612.63	261.28	204.19	57.09
9	7,408.44	261.28	205.72	55.56	10	7,012.03	261.28	207.26	54.02
20	5,058.75	261.28	223.34	37.94	30	2,748.45	261.28	240.67	20.61
40	258.91	260.85	258.91	1.94					
1 1									
1 1									
1 1									
1 1									

TOTAL NUMBER OF PAYMENTS

TOTAL PAYMENT AMOUNT

TOTAL PRINCIPAL

TOTAL INTEREST COST

40

Borrower acknowledges receipt of an exact copy of this statement.

An exact copy of this form was mailed to borrower.

Amount financed given directly to you.

Amount financed paid to the school on your behalf.

NOTE: THE FINANCE CHARGE IS COMPUTED AT THE-RATE-PER ANNUM ON THE UNPAID PRINCIPAL BALANCE AS STATED ABOVE. THIS SCHEDULE WILL BE VALID-ONLY IF EVERY PAYMENT IS MADE IN FULL AND ON TIME.

DUE DILIGENCE REGULATIONS REQUIRE DEFAULTED ACCOUNT BE REFERRED TO THE CREDIT BUREAU.

BORROWER'S SIGNATURE DATE LENDING INSTITUTION (OFFICER) SIGNATURE/DATE
BORROWER'S EMAIL:

ENTER-NAME, ADDRESS, PHONE - EMAIL - CORRECTIONS HERE



BORROWER RIGHTS AND RESPONSIBILITIES

- The Mailing Address should be the address where you would like to receive correspondence and statements. Make sure to keep this current with ECSI.
- The check boxes are optional.
 - Electing to receive automated phone calls can help you stay current.
 - Switching to a monthly billing cycle can help you budget and save you money.

Name		Socia	l Security Number (Last 4 Digits)	Other Name(s) Used (including Maiden name)	
Mailing Address (with Apt #)			Permanent Address (if different)		
City/State/Zip		City/State/Zip			
Preferred Phone Number	Phone Number (Alternate)		I understand I may be contacted at th loan related phone calls from automa	e phone numbers provided and consent to receive ted dialing systems.	
Permanent Email Address (Personal)		Other Email (if different)			
Anticipated Training Organization			The Truth in Lending Statement I received is based on a quarterly billing cycle. I would prefer to be billed monthly and understand this impacts the dates and values provided.		



GRACE PERIOD

- The grace period is a set period of time after you graduate or leave MCW before you must begin repayment on your loans.
- Grace periods are specific to each loan.
- Initial grace periods:

	<u> </u>	
-	Wisconsin Medical Society Loan	June 30th
-	Direct Loan Grad PLUS	6 months
-	Direct Loan Unsubsidized	6 months
-	Primary Care Loan	12 months
-	Health Professions Student Loan	12 months
-	Institutional Loans	12 months
-	Ziet/Allison/Rogers Endowed Student Loan	36 months



• In some instances, additional grace periods may be available after periods of deferment. Consult your promissory note or applicable regulations for more information.



ENTITLEMENTS

Health Professions, Primary Care, and Institutional Loans

- Deferment, forbearance, and cancellations are types of entitlements.
- Most entitlements are granted for residency or fellowship training.
- In some instances, you may qualify for entitlements for other reasons that are not discussed in detail here.
- Consult your promissory note, repayment handbook, and/or applicable regulations to determine if you qualify for these.
- You may also contact the MCW Office of Student Accounts with questions.



ENTITLEMENTS DURING TRAINING

- Entitlements must be requested and certified annually.
- Submit your request at the end of the grace period.

HPSL, Primary Care and Institutional Loans:

- Request DEFERMENT payments are delayed, and interest does not accrue.
- Request FORBEARANCE payments are delayed, and interest <u>does</u> accrue.



CONSOLIDATION - HPSL ONLY

- If you consolidate your HPSL Loan it is no longer considered a HPSL Loan. You will lose the specific benefits related to the loan.
- If you choose to consolidate, any interest that is accrued at the time will be capitalized. This is the new balance used to calculate interest.
- The interest rate on a Direct Consolidation Loan is a weighted average of the interest rates on all loans included in the consolidation, rounded up to the nearest 1/8 of one percent.
 - See your Borrower Rights and Responsibilities form for an example.
- Direct Consolidation Loans are eligible for Public Service Loan Forgiveness; HPSL Loans are not.



CONSOLIDATION RESOURCES

More information regarding consolidation can be found at:



https://studentaid.ed.gov/sa/repay-loans/consolidation

https://studentloans.gov/myDirectLoan/launchConsolidation.action?source=15SPRRPMT

https://aamc-orange.global.ssl.fastly.net/production/media/filer_public/92/93/9293d25b-c308-4e75-9fd6-b0249e5233b9/effects_student_loan_consolidation.pdf

https://students-residents.aamc.org/financial-aid/article/consolidating-your-federal-student-loans/



CANCELLATIONS

Health Professions, Primary Care, and Institutional Loans

- Cancellations are very infrequent.
- Most are granted due to Death or Total and Permanent Disability.
- In some instances, you may qualify for cancellations for other reasons. Consult your promissory note, repayment handbook, and/or applicable regulations to determine if you qualify. You may also contact the MCW Office of Student Accounts with questions.



PCL SELF-CERTIFICATION

- ECSI will send you a form each spring.
- In order to be compliant with your annual self-reporting requirement regarding your continued practice in Primary Care, please complete and return the form to our office when you receive it.
- This can be returned via USPS or email to mcwtuition@mcw.edu.

Street City. State Zin

> Internship / Residency / Post-Resident Service Obligation Self-Certification Form For Primary Care Loans Made On or After 03/23/10

Failure to complete and return this form on an ANNUAL basis may result in an increased interest rate and an abbreviated repayment plan. Please remember that you must continue practicing in Primary Care until your PCL loan is paid in full. Please return this form by June 30, 20__.

We recommend that you read your promissory note carefully in order to become familiar with a number of features, duties and more specifically, what (is) and what (is not) available relating to the PCL agreement.

Agreement...to enter and practice primary health care within 4 years after the date of graduation

Agreement...practice primary care until PCL is paid in full

Agreement...primary care is defined as family medicine, general internal medicine, general pediatrics, preventative medicine or osteopathic general practice.

Agreement...residency training program in PHC is defined as a 3-year residency program in all allopathic or osteopathic family medicine, internal medicine, combined medicine/pediatrics or preventative medicine

Agreement...Non-Compliance, I understand, if I am not practicing primary health care as defined above as a required part of the Primary Care Loan Program, interest will accrue at a rate of 7% from the date of non-compliance.

School: Medical College of Wisconsin: (414) 955-8172

Borrower. XXX-XX-Account No:

Please check one of the following:

] This is to certify that I am and will be practicing Primary Health Care as defined above for the next twelve months. understand that I must inform my school of my status annually until my PCL is paid in full

[] This is to certify that I am no longer practicing Primary Health Care as defined above and as required part of the
	Primary Care Loan agreement and program, effective date

Specialty	
Residency/Practice Address	
City State Zip	
Work Phone Number	
D	

Medical College of Wisconsin Attn: Office of Students Accounts 8701 Watertown Plank Road Milwaukee, WI 53226-0000



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)



- We will not discuss your loans with anyone else without the appropriate Authorization to Release Protected Information in Student Record form on file with the MCW Office of the Registrar. This includes spouses, parents, and lenders.
- Contact the MCW Office of the Registrar at (414) 955-8733 to request a form.

QUESTIONS?

Office of Student Accounts mcwtuition@mcw.edu (414) 955-8172

ECSI webcservice@ecsi.net (888) 549-3274

Michelle Gibbons mgibbons@mcw.edu (414) 955-8194 Kelley Graf kgraf@mcw.edu (414) 955-8667

