

[Date]

[Borrower Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Account Number: [Account Number]

Dear [Borrower Name],

We are writing to inform you that your request for a Long-Term Medical Hardship Forbearance has been approved. We understand that medical challenges can create significant financial strain, and we are committed to assisting you during this time.

Forbearance Details:

- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Forbearance Duration:** [Number of Months] months

Important Terms:

- During this period, your required monthly payments will be suspended.
- Interest will continue to accrue on your unpaid principal balance.
- Unpaid interest may be capitalized (added to your principal balance) at the end of the forbearance period, which may increase your total loan balance and monthly payment amount.
- You retain the right to make voluntary payments of any amount at any time to reduce interest accrual.

Prior to the expiration of this forbearance, we will contact you to discuss your repayment options or to determine if an extension is necessary. If your medical or financial situation improves before the end date, please contact us to resume regular payments.

If you have any questions regarding this approval, please contact our Hardship Department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Name/Department]

[Company Name]