

PROMISSORY NOTE TUITION ASSISTANCE LOAN – HLGU TEMPLATE

This Promissory Note (“Note”) is made by and between **Hannibal Regional Healthcare System, Inc.** a Missouri not-for-profit corporation, hereinafter referred to as "System," and (Name) _____ of (address) _____ as maker.

WHEREAS, System operates a hospital facility located at 6000 Hospital Drive, Hannibal, Missouri, Marion County (“Hospital”) , and desires to improve and enhance the availability of medical services to the citizens within the region served by System, particularly medical services in the specialty of Nursing, inasmuch as the region served by System currently is understaffed by Nurses; and

WHEREAS, _____ is currently a Nursing Student at Hannibal LaGrange University in Hannibal, Missouri; and

WHEREAS, the recruitment and retention of key employees is critical to the sustained success of the organization and _____ possesses skills and abilities that System would be unable to replace at a reasonable cost to the System; and

WHEREAS, _____ and System desire to enhance _____’s professional capabilities by _____ earning a _____ in _____; and

WHEREAS, _____ and System have come to an agreement whereby the System shall provide tuition support for _____’s pursuit of a _____ degree and _____ agrees to continue working for the System in exchange for the provision of said education assistance.

NOW, THEREFORE, for value received,

System is willing to lend to _____ an amount up to the invoice amount of tuition, books and fees to assist in obtaining a _____. Said funds will be paid upon presentation of invoices and/or paid receipts from Hannibal LaGrange University.

Upon the acceptance of this loan, _____ agrees to commit to work for the System as a Bedside Nurse for one (1) year for every \$5,000 loaned, up to a five (5) year employment commitment.

In the event Nurse shall (i) commence providing professional services as an employee of System and (ii) continue providing professional services as an employee of System for more than sixty (60) consecutive months, the Loan amount shall be fully discharged whereupon Nurse shall be relieved of any obligation to repay the same to System. If Nurse is employed twelve (12) months or less the entire Loan must be repaid. The loan shall be forgiven in Five Thousand (\$5,000) increments. Five Thousand (\$5,000) shall be forgiven after one (1) year of full time employment, Ten Thousand (\$10,000) after two (2) years of employment, up to the full amount loaned at the end of five (5) years of full time employment. Loan amounts will be taxable income to _____ in the years they are forgiven.

If Nurse does not complete the program within five (5) years of the date funds are first advanced, or in the event does not maintain employment with System for a period of up to five (5) years following attainment of degree, is required, within 30 days of termination of participation in

program, to repay the System any funds paid plus interest accrued from the date funds are advanced. The place for repayment of any funds paid plus interest accrued shall be 6000 Hospital Drive, P. O. Box 551, Hannibal, Missouri 63401-0551, or at such other place as shall be designated in writing by System to _____.

The loan shall bear interest at the rate of the prime rate as of the date the funds are advanced plus 2%.

Further, in the event _____ shall die, become permanently disabled or maintain employment for up to five (5) years following attainment of his/her degree, all sums owed shall be fully discharged whereupon _____ and _____'s estate, heirs, personal representatives and all other persons on _____'s behalf otherwise liable therefore shall be relieved of any further obligation to repay the same to System.

In the event that System is required to bring any action at law or in equity to enforce or compel the performance of any terms of this Note, and in the event that such an action, or any claim under such action, is decided or settled in favor of System, then the System shall receive its reasonable and actually incurred attorney's fees and costs, in addition to any other damages recovered.

ACCEPTANCE OF TERMS OF PROMISSORY NOTE

Dated: _____, 20__.

_____, (_____) Social Security No _____

SYSTEM'S AGREEMENT TO LOAN DISCHARGE PROVISIONS

I, C. Todd Ahrens, President and Chief Executive Officer of Hannibal Regional Healthcare System, Inc. hereby approve the terms of repayment and the discharge of this Promissory Note effective this _____ day of _____, 20__.

HANNIBAL REGIONAL HEALTHCARE SYSTEM, INC.

By: _____
C. Todd Ahrens, President and Chief Executive Officer