

**TOTAL AND PERMANENT  
DISABILITY DISCHARGE**

**Self-Help Packet**

# **GETTING STARTED**

## **GETTING STARTED**

You can cancel your federal student loans based on a permanent and total disability. All federal loan borrowers are eligible for this discharge. Parents with PLUS loans may apply based on their own disabilities, not those of their children.

In order to qualify, you must be unable to work and earn money because of an illness or injury that is expected to result in death, expected to last for a continuous period of not less than 60 months (5 years) or has lasted for a continuous period of not less than 60 months.

In addition, veterans who have been determined by the Secretary of Veterans Affairs to be unemployable due a service-connected condition should qualify for this discharge without having to provide additional documentation from a doctor.

# **FORMS YOU NEED TO FILL OUT**

## FORMS YOU NEED TO FILL OUT

### Discharge Application

You must fill out the attached application form even if you are a veteran and qualify for a discharge without having to provide a doctor's certification. This is a new form as of July 1, 2013 (sample attached).

Section 1 requires you to fill in identification information. Be sure and read section 3 carefully and then sign and date at the bottom. You should also carefully read the other sections to find out more about this discharge program.

You can show that you are totally and permanently disabled in one of the following three ways:

1. If you are a veteran, you can submit documentation from the U.S. Department of Veterans Affairs (VA) showing that the VA has determined that you are unemployable due to a service-connected disability;
2. If you are receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits, you can submit a Social Security Administration (SSA) notice of award for SSDI or SSI benefits stating that your next scheduled disability review will be within 5 to 7 years from the date of your most recent SSA disability determination; or
3. You can submit certification from a physician that you are totally and permanently disabled. You must do this within 90 days of the date of the doctor's signature on the form.

If you are using method #3, there are instructions on the form that will explain this process to your doctor. In addition, you may want to give your doctor the attached information sheet.

The doctor must sign the form at the bottom of section 4. It is very important that the doctor include the date of signature, print his/her name, and provide a professional license number. A lot of applications are rejected only because some of this information is missing.

If you want to designate an individual or organization to represent you in matters related to the discharge request, you must complete the Applicant Representative Designation form (sample attached).

You should let Nelnet, the Department of Education's contractor, know that you want to apply. You can do this by phone or email. You can call seven days a week at 888.303.7818 from 8:00 a.m. to 8:00 p.m. (Eastern) or email at [DisabilityInformation@Nelnet.net](mailto:DisabilityInformation@Nelnet.net). You can also let Nelnet know you are applying by using the online discharge application.

Once you let Nelnet know you are applying, they are supposed to do the following:

1. Provide you with the information you need to apply for a discharge if you do not already have it.

2. Identify your federal student loans and/or TEACH Grant service obligation that may qualify for a discharge.
3. **Contact your loan holders and instruct them to suspend collection activity on your loans for a period of up to 120 days. This means that during the 120-day period you will not be required to make payments on your loans.**

The suspension of collection activity will give you time to complete the discharge application. Collection will start again if you do not send an application within the 120 day period.

# **DISCHARGE APPLICATION**



TPD-APP

## DISCHARGE APPLICATION: TOTAL AND PERMANENT DISABILITY IMPORTANT INFORMATION

- **William D. Ford Federal Direct Loan Program**
- **Federal Family Education Loan Program**
- **Federal Perkins Loan Program**
- **TEACH Grant Program**

### READ THIS FIRST

- This is an application for a total and permanent disability discharge of your William D. Ford Federal Direct Loan (Direct Loan) Program, Federal Family Education Loan (FFEL) Program, and/or Federal Perkins Loan (Perkins Loan) Program loan(s), and/or your Teacher Education Assistance for College and Higher Education (TEACH) Grant Program service obligation.
- You only need to submit a single application to the U.S. Department of Education to apply for discharge of all of your Direct Loan, FFEL, and/or Perkins Loan program loans and your TEACH Grant service obligations. **Throughout this application, the words “we,” “us,” an “our” refer to the U.S. Department of Education.**
- To qualify for this discharge, you must meet **one** of the following requirements:
  1. You are a veteran who has been determined by the U.S. Department of Veterans Affairs (VA) to be **unemployable due to a service-connected disability**, and you provide documentation from the VA of that determination;  
**OR**
  2. You have received a Social Security Administration (SSA) notice of award for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) stating that **your next scheduled disability review will be 5 to 7 years or more from the date of your last SSA disability determination**, and you provide a copy of that SSA notice of award.  
**OR**
  3. You provide a certification from a physician in Section 4 of this Discharge Application that you are unable to engage in any substantial gainful activity (see definition in Section 5) by reason of a medically determinable physical or mental impairment that:
    - Can be expected to result in death;
    - Has lasted for a continuous period of not less than 60 months; or
    - Can be expected to last for a continuous period of not less than 60 months.
- If you do not meet requirement #1 or requirement #2, you may qualify for discharge by obtaining a certification from a physician in Section 4 of this application, as described above for requirement #3. If you can provide the documentation to show that you meet requirement #1 or #2 above, you are **not** required to have a physician complete Section 4.
- If you are a veteran applying for discharge under requirement #1, you must provide documentation from the VA showing that the VA has determined that you are unemployable due to a **service-connected** disability. You do not meet this requirement if your disability is not service-connected. The following two types of VA determinations meet this requirement: (1) a determination that you have a service-connected disability (or disabilities) that is 100% disabling; or (2) a determination that you are totally disabled based on an individual unemployability determination.
- If you are applying for discharge under requirement #2, the SSA notice of award that you provide must show that your next scheduled disability review will be **to 7 years or more from the date of your last SSA disability determination**. You do not meet this requirement if the notice of award states that your next scheduled disability review will be within less than 5 years. If the notice of award does not clearly state the date of your next scheduled review, contact the SSA office that issued the award and request a Benefits Planning Query (BPQY). The BPQY provides a summary of your SSA disability benefits, including the scheduled date for your next disability review. If your BPQY shows that your next scheduled review will be 5 to 7 years or more from the date of your last SSA disability determination, you may submit a copy of your BPQY to show that you meet requirement #2.
- If you are granted a discharge based on requirement #2 or requirement #3, we will monitor your status during a 3-year post-discharge monitoring period. Your discharged loans or TEACH Grant service obligation may be reinstated if you do not meet certain requirements during this period, as explained in Section 6 of this form.
- Except for VA or SSA determinations as described above (requirements #1 and #2), a disability determination by another federal or state agency does not qualify you for this discharge.
- Loan amounts discharged due to total and permanent disability may be considered taxable income by the Internal Revenue Service (IRS). Contact the IRS for more information.
- If you wish to designate an individual or organization to represent you in matters related to your total and permanent disability discharge request, you must complete the Total and Permanent Disability: Applicant Representative Designation form. You may obtain this form from our Total and Permanent Disability Discharge Servicer (see below for contact information).
- Before submitting your application, make sure that Section 3 and (if required) Section 4 include all requested information. Incomplete or inaccurate information may cause your application to be delayed or rejected.

### WHERE TO SEND YOUR COMPLETED DISCHARGE APPLICATION

Send your completed application with any required documentation (see the instructions in Section 2 on page 2) to the following address:

**U.S. Department of Education**  
TPD Servicing  
PO Box 87130  
Lincoln, NE 68501-7130

If you need help completing this form, contact our Total and Permanent Disability Discharge Servicer:

Phone: **1-888-303-7818**

E-Mail: [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net)

Web site: [www.disabilitydischarge.com](http://www.disabilitydischarge.com)





## DISCHARGE APPLICATION: TOTAL AND PERMANENT DISABILITY

William D. Ford Federal Direct Loan, Federal Family Education Loan, Federal Perkins Loan, and TEACH Grant Programs

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

### SECTION 1: APPLICANT IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

DOB [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

### SECTION 2: INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS APPLICATION

- Carefully read the entire application, including page 1, the instructions in this section, and the additional information on the following pages.
- Type or print in dark ink. Sign and date the application in Section 3. If you are required to have a physician complete Section 4, enter your name and Social Security Number at the top of page 2 (if not preprinted).
- Send the completed application with any required documentation to:  
**U.S. Department of Education, TPD Servicing, PO Box 87130, Lincoln, NE 68501-7130**

1. Are you a veteran who has received a determination from the U.S. Department of Veterans Affairs (VA) that you are **unemployable due to a service-connected disability**?

- Yes – Attach documentation of the VA determination and complete Section 3. **You are not required to have a physician complete Section 4.**  
 No – Continue to Item 2.

2. Have you received an SSA notice of award for SSDI or SSI benefits or an SSA Benefits Planning Query (BPQY) stating that **your next scheduled disability review will be 5 to 7 years or more from the date of your last SSA disability determination**?

- Yes – Attach a copy of the SSA notice of award or BPQY and complete Section 3. **You are not required to have a physician complete Section 4.**  
 No – Complete Section 3 and **have a physician who is a doctor of medicine or osteopathy complete and sign Section 4. You must submit this application to us within 90 days of the date of your physician's signature in Section 4.**

### SECTION 3: APPLICANT'S DISCHARGE REQUEST, AUTHORIZATION, UNDERSTANDINGS, AND CERTIFICATIONS

I **request** that the U.S. Department of Education discharge my Direct Loan, FFEL, and/or Perkins Loan, program loan(s), and/or my TEACH Grant service obligation.

I **authorize** any physician, hospital, or other institution having records about the disability that is the basis for my request for a discharge to make information from those records available to the U.S. Department of Education.

I **understand** that:

- If I am applying for discharge based on a physician's certification in Section 4, I must submit this application to the U.S. Department of Education within 90 days of the date of my physician's signature in Section 4.
- Unless I am a veteran who provides the documentation described above in Section 2, Item 1, I may be required to repay a discharged loan or satisfy a discharged TEACH Grant service obligation if I fail to meet certain requirements during a post-discharge monitoring period, as explained in Section 6.
- If I am a veteran who does not meet the requirement described above in Section 2, Item 1, and I have obtained a certification from a physician in Section 4, the certification by the physician on this form is only for the purposes of establishing my eligibility to receive a discharge of a Direct Loan Program loan, a FFEL Program Loan, a Perkins Loan Program loan, and/or a TEACH Grant service obligation, and is not for purposes of determining my eligibility for, or the extent of my eligibility for, VA benefits.
- If I wish to designate an individual or organization to represent me in matters related to my total and permanent disability discharge request, I must complete and submit the Total and Permanent Disability Discharge: Applicant Representative Designation form.

I **certify** that: **(1)** I have a total and permanent disability, as defined in Section 5; and **(2)** I have read and understand the information on the discharge process, the terms and conditions for discharge, and the eligibility requirements to receive future loans or TEACH Grants as explained in Sections 6 and 7.

Signature of Applicant or Applicant's Representative (see NOTE below)

Date

Printed Name of Representative (if applicable)

**NOTE:** You may designate an individual or organization to represent you in matters related to your total and permanent disability discharge request. If you wish to designate a representative, you must complete the Total and Permanent Disability: Applicant Representative Designation form. You may obtain this form from our Total and Permanent Disability Discharge Servicer. See the "Read This First" section of this form for contact information.

Applicant Name: \_\_\_\_\_ Applicant SSN: [ ][ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

**SECTION 4: PHYSICIAN'S CERTIFICATION**

**Information and Instructions for Physician:**

- The applicant identified above is applying for discharge of federal student loan and/or a teaching service obligation for a federal grant on the basis that he or she has a total and permanent disability, as defined in Section 5 of this form. To qualify for a discharge, the applicant must be unable to engage in any substantial gainful activity (as defined below and in Section 5) by reason of a medically determinable physical or mental impairment that **(1)** can be expected to result in death; or **(2)** has lasted for a continuous period of not less than 60 months; or **(3)** can be expected to last for a continuous period of not less than 60 months. This disability standard may be different from standards used under other programs in connection with occupational disability, or eligibility for social service or veterans benefits. A determination that the applicant is disabled by another federal agency (for example, the Social Security Administration) or a state agency does not automatically establish the applicant's eligibility for this loan discharge.
- Complete this form only if you are a doctor of medicine or osteopathy legally authorized to practice in a state, as defined in Section 5, and only if the applicant's condition meets the definition of total and permanent disability in Section 5.
- **Print legibly in dark ink or type. All fields must be completed. If a field is not applicable, enter "N/A." Your signature date must include month, day, and year (mm-dd-yyyy).**
- Provide all requested information for Items 1, 2, and 3 below, and attach additional pages if necessary. Complete the physician's certification at the bottom of this page. The applicant's loan discharge application cannot be processed if the information requested in this section is missing or if your signature is missing.
- If you make any changes to the information you provide in this section, you must initial each change.
- **Please return the completed form to the applicant or the applicant's representative.** The U.S. Department of Education may contact you for additional information or documentation.

**1. Medically Determinable Physical or Mental Impairment.** Does the applicant have a medically determinable physical or mental impairment that **(a)** prevents the applicant from engaging in any substantial gainful activity, in any field of work, and **(b)** can be expected to result in death, *or* has lasted for a continuous period of not less than 60 months, *or* can be expected to last for a continuous period of not less than 60 months?  
 Yes  No

**Substantial gainful activity** means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both. *If the applicant is able to engage in any substantial gainful activity, in any field of work, you must answer "No." The determination of whether or not the applicant can perform substantial gainful activity is not based on whether the applicant can perform his or her current or past job or profession.*

**IF THE ANSWER TO QUESTION 1 IS NO, DO NOT COMPLETE THIS APPLICATION.**

**2. Disabling Condition.** Complete Items **(a)** and **(b)** regarding the applicant's disabling impairment. **Do not use abbreviations or insurance codes.**

**(a)** Provide your diagnosis of the applicant's impairment: \_\_\_\_\_

**(b)** Describe the severity of the disabling physical or mental impairment, including, if applicable, the phase of the disabling condition: \_\_\_\_\_

**3. Limitations.** Explain how the disabling condition prevents the applicant from engaging in substantial gainful activity in any field of work by responding to Items **(a)** through **(e)** below, as relevant to the applicant's condition. Attach additional pages if more space is needed.

In addition to what is required below, you may include any additional information that you believe would be helpful in understanding the applicant's condition, such as medications used to treat the condition, surgical and non-surgical treatments for the condition, etc.

**(a)** Limitations on sitting, standing, walking, or lifting: \_\_\_\_\_

**(b)** Limitations on activities of daily living: \_\_\_\_\_

**(c)** Residual functionality: \_\_\_\_\_

**(d)** Social/behavioral limitations, if any: \_\_\_\_\_

**(e)** Current Global Assessment Function Score (for psychiatric conditions): \_\_\_\_\_

**Physician's Certification**

- **I certify** that, in my best professional judgment, the applicant identified above is unable to engage in any substantial gainful activity in *any* field of work by reason of a medically determinable physical or mental impairment that **(1)** can be expected to result in death; or **(2)** has lasted for a continuous period of not less than 60 months; or **(3)** can be expected to last for a continuous period of not less than 60 months.
- **I understand** that an applicant who is currently able to engage in any substantial gainful activity in *any* field of work does not have a total and permanent disability as defined on this form.

I am a doctor of (check one)  medicine  osteopathy/osteopathic medicine.

I am legally authorized to practice in the state identified below and I have provided my professional license number below.

State Where Legally Authorized to Practice \_\_\_\_\_

Professional License Number(stamp is acceptable; subject to verification through state records) \_\_\_\_\_

Physician's Signature (a signature stamp is not acceptable) \_\_\_\_\_

Date (mm-dd-yyyy) \_\_\_\_\_

Printed Name of Physician (first name, middle initial, last name) \_\_\_\_\_

Address (stamp is acceptable) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

## SECTION 5: DEFINITIONS

- If you have a **total and permanent disability**, this means that:

- (1) You are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, or that has lasted for a continuous period of not less than 60 months, or that can be expected to last for a continuous period of not less than 60 months; **OR**
- (2) You are a veteran who has been determined by the VA to be **unemployable due to a service-connected disability**.

### IMPORTANT INFORMATION ABOUT THE DEFINITION OF “TOTAL AND PERMANENT DISABILITY”:

To demonstrate that you have a total and permanent disability in accordance with paragraph (1) of this definition, you must either (a) provide a copy of an SSA notice of award for SSDI or SSI benefits or an SSA Benefits Planning Query (BPQY) stating that your next scheduled disability review will be 5 to 7 years from the date of your last SSA disability determination, or (b) have a physician who is a doctor of medicine or osteopathy complete Section 4 of this application.

To demonstrate that you have a total and permanent disability in accordance with paragraph (2) of this definition, you must provide documentation of a determination from the VA that you are unemployable due to a service-connected disability. See page of this form for more information on acceptable documentation.

The above definition of “total and permanent disability” may differ from disability standards used by other federal agencies. Except for certain individuals who have received SSA notices of award for SSDI or SSI benefits, as explained above, or for certain veterans, a disability determination by another federal or state agency does not establish your eligibility for a discharge of your loan(s) and/or TEACH Grant service obligation due to a total and permanent disability.

- **Substantial gainful activity** means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both.
- A **discharge of loan** due to a total and permanent disability cancels your obligation (and, if applicable, an endorser’s obligation) to repay the remaining balance on your Direct Loan, FFEL, and/or Perkins Loan program loans. A **discharge of a TEACH Grant service obligation** cancels your obligation to complete the teaching service that you agreed to perform as a condition for receiving a TEACH Grant.
- The **post-discharge monitoring period** begins on the date we grant a discharge of your loan(s) or TEACH Grant service obligation and lasts for three years. If you fail to meet certain conditions at any time during or at the end of the post-discharge monitoring period, we will reinstate your obligation to repay your loan(s) or complete your TEACH Grant service. See Section 6 for more information.  
**Note to Veterans:** The post-discharge monitoring period does not apply if you are a veteran who receives a discharge based on a determination from the VA that you are unemployable due to a service-connected disability.
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The **Federal Perkins Loan (Perkins Loan) Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loans).
- The **Teacher Education Assistance for College and Higher Education (TEACH) Grant Program** provides grants to students who agree to teach full time for at least four years in high-need fields in low-income elementary or secondary schools as a condition for receiving the grant funds. If a TEACH Grant recipient does not complete the required teaching service within eight years after completing the program of study for which the TEACH Grant was received, the TEACH Grant funds are converted to a Direct Unsubsidized Loan that the grant recipient must repay in full, with interest, to the U.S. Department of Education.
- The **holder** of your FFEL Program loan(s) may be a lender, a guaranty agency, or the U.S. Department of Education. The holder of your Perkins Loan Program loan(s) may be a school you attended or the U.S. Department of Education. The holder of your Direct Loan Program loan(s) and/or your TEACH Grant Agreement to Serve (if you received a TEACH Grant) is the U.S. Department of Education. Your loan holder may use a servicer to handle billing and other matters related to your loan. The term “holder” as used on this application means either your loan holder or, if applicable, your loan servicer.
- The term “**state**” for purposes of the physician’s certification in Section 4 (the physician must be licensed to practice in a state) includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.
- A **representative** is a member of your family, your attorney, a law firm or legal aid society, or another individual or organization authorized to act on your behalf in connection with your total and permanent disability discharge application.

## SECTION 6: DISCHARGE PROCESS / ELIGIBILITY REQUIREMENTS / TERMS AND CONDITIONS FOR DISCHARGE (continues on next page)

### APPLYING FOR DISCHARGE (ALL APPLICANTS):

1. **Submission of discharge application.** After you submit your completed discharge application and any required documentation to us, we will send you a notice that will:
  - Acknowledge receipt of your application;
  - Explain the process for our review of total and permanent disability discharge applications; and
  - Inform you that your loan holders will suspend collection activity or continue the previous suspension of collection activity on your loans while we review your application for discharge (you are not required to make any payments on your loans during this period).
2. **Consequences of failure to submit discharge application.** If you do not submit an application for total and permanent disability discharge to us within 120 days of notifying us that you intend to submit an application, collection activity will resume on your loans, and your loan holder may capitalize any unpaid interest that accrued during the 120-day period. This means that the unpaid interest will be added to the principal balance of your loans, and interest will then be charged on the increased loan principal amount. However, if you have a FFEL Program loan and the loan holder is a guaranty agency, or if you have a Federal Perkins Loan, unpaid interest will not be capitalized at the end of the 120-day period.

**SECTION 6: DISCHARGE PROCESS / ELIGIBILITY REQUIREMENTS / TERMS AND CONDITIONS FOR DISCHARGE (continued)**

**DISCHARGE PROCESS FOR VETERANS WHO HAVE BEEN DETERMINED BY THE VA TO BE UNEMPLOYABLE DUE TO A SERVICE-CONNECTED DISABILITY:**

- 1. Our review of your discharge application.** We will review the documentation from the VA to determine if you are totally and permanently disabled as described in paragraph (2) of the definition of “total and permanent disability” in Section 5 of this application.
- 2. Determination of eligibility or ineligibility for discharge.** If we determine that you are totally and permanently disabled, you will be notified that your loans and/or TEACH Grant service obligation has been discharged. The discharge will be reported to nationwide consumer reporting agencies, and any loan payments received on your loan on or after the effective date of the determination by the VA that you are unemployable due to a service-connected disability will be refunded to the person who made the payments.

If we determine that you are **not** totally and permanently disabled, you will be notified of that determination. The notification will include:

- The reason or reasons for the denial of your discharge application;
- An explanation that your loans are due and payable to the loan holder under the terms of the promissory note that you signed and that your loans will return to the status they were in at the time you applied for a total and permanent disability discharge;
- An explanation that your loan holder will notify you of the date you must resume making payments on your loans; and
- An explanation that if you applied for a discharge of a TEACH Grant service obligation, you must comply with all terms and conditions of your TEACH Grant Agreement to Serve.

The notification will also explain your ability to request reconsideration of this determination or to submit a new discharge application:

- You may request that we re-evaluate your discharge application if, within 12 months of the date of the notification from us that you are ineligible for discharge, you provide us with additional documentation from the VA that supports your eligibility for discharge (you do not have to submit a new application); or
- If the documentation from the VA does not indicate that you are unemployable due to a service-connected disability, you may reapply for discharge under the “Discharge Process For All Other Applicants,” as described below (you must submit a new application with the required documentation from the SSA or a physician’s certification in Section 4).

**DISCHARGE PROCESS FOR ALL OTHER APPLICANTS:**

- 1. Our review of your discharge application.** If you submit a discharge application supported by an award of benefits notice from the SSA or an SSA Benefits Planning Query (BPQY), we will review the SSA notice of award (or BPQY) to determine if it meets the requirements described in Section 2, Item 2 of this form. If you submit a discharge application supported by a physician’s certification in Section 4 of this application, we will review the physician’s certification and any accompanying documentation to determine if you are totally and permanently disabled as described in paragraph (1) of the definition of “total and permanent disability” in Section 5 of this application. We may also contact your physician for additional information, or may arrange for an additional review of your condition by an independent physician at our expense. Based on the results of this review, we will determine your eligibility for discharge.

If we determine during our review of your application that you received a Direct Loan or Perkins Loan program loan, or a TEACH Grant before the date we received the SSA notice of award (or BPQY) or before the date the physician certified your application in Section 4, and a disbursement of that loan or grant is made after that date, but before we have granted a discharge, we will suspend processing of your discharge request until you ensure that the full amount of the disbursement is returned to the loan holder or (for a TEACH Grant) to us.

If you apply for a total and permanent disability discharge and we determine as part of its review that a new Direct Loan or Perkins Loan program loan or a new TEACH Grant was made to you on or after the date we received the SSA notice of award (or BPQY) or the date the physician certified your application in Section 4, and before the date we grant a discharge, we will deny your discharge request. Collection will resume on your loans and you will again be responsible for complying with the terms and conditions of your TEACH Grant Agreement to Serve.

- 2. Determination of eligibility or ineligibility for discharge.** If we determine that you are totally and permanently disabled, we will notify you that a discharge has been approved, and that you will be subject to a post-discharge monitoring period for three years beginning on the discharge date. The notification of discharge will explain the terms and conditions under which we will reinstate your obligation to repay your loan or to complete your TEACH service, as described in Item 3, below. The discharge will be reported to nationwide consumer reporting agencies, and any loan payments that were received after the date we received the SSA notice of award for SSDI or SSI benefits (or BPQY) or after the date the physician certified your discharge application will be returned to the person who made the payments.

If we determine that you are **not** totally and permanently disabled, we will notify you of that determination. The notification will include:

- The reason or reasons for the denial of your discharge application;
- An explanation that your loans are due and payable to the loan holder under the terms of the promissory note that you signed and that your loans will return to the status that would have existed if your total and permanent disability discharge application had not been received;
- An explanation that your loan holder will notify you of the date you must resume making payments on your loans;
- An explanation that if you applied for a discharge of a TEACH Grant service obligation, you must comply with all terms and conditions of your TEACH Grant Agreement to Serve;
- An explanation that you are not required to submit a new total and permanent disability discharge application if, within 12 months of the date of our notification to you that you are ineligible for discharge, you provide additional information regarding your disabling condition that supports your eligibility for discharge, and you request that we re-evaluate your discharge application; and
- An explanation that if you do not request re-evaluation of your prior discharge application within 12 months of the date of our notification of ineligibility for discharge, and you still wish to have us re-evaluate your eligibility for total and permanent disability discharge, you must submit a new total and permanent disability discharge application to us.
- If you request a re-evaluation of your total and permanent disability discharge application or submit a new total and permanent disability discharge application, as described above, your request must include new information regarding your disabling condition that was not provided to us in connection with your prior application for discharge.

## **SECTION 6: DISCHARGE PROCESS / ELIGIBILITY REQUIREMENTS / TERMS AND CONDITIONS FOR DISCHARGE (continued)**

**3. Post-discharge monitoring period.** If you are granted a discharge, we will monitor your status during the 3-year post-discharge monitoring period that begins on the date the discharge is granted. We will reinstate the requirement for you to repay your loans and/or complete your TEACH Grant service if, at any time during or at the end of the post-discharge monitoring period, you:

- Receive annual earnings from employment that exceed the poverty guideline amount (see **Note** below) for a family of two in your state, regardless of your actual family size;
- Receive a new loan under the Direct Loan Program or the Perkins Loan Program, or a new TEACH Grant;
- Receive a disbursement of a Direct Loan Program or Perkins Loan Program loan or a TEACH Grant that was initially disbursed prior to your discharge date and you fail to ensure that the disbursement is returned to the loan holder or (for a TEACH Grant) to us within 120 days of the disbursement date; or
- Receive a notice from the SSA indicating that you are no longer disabled or that your continuing disability review will no longer be the 5- to 7-year period indicated in the SSA notice of award for SSDI or SSI benefits or BPQY.

During the 3-year post-discharge monitoring period, you (or your representative) must:

- Promptly notify us of any changes in your address or telephone number;
- Promptly notify us if your annual earnings from employment exceed the poverty guideline amount for a family of two in your state (see **Note** below), regardless of your actual family size;
- Upon request, provide us with documentation of your annual earnings from employment, on a form that we will provide; and
- Promptly notify us if you receive a notice from the SSA indicating that you are no longer disabled or that your continuing disability review will no longer be the 5- to 7-year period indicated in the SSA notice of award for SSDI or SSI benefits or BPQY (after you had been previously determined to be disabled by the SSA, were receiving SSDI or SSI benefits, and had a continuing disability review period of 5 to 7 years or more from the date of your last SS disability determination).

**Note:** The poverty guideline amounts are updated annually and may be obtained at <http://aspe.hhs.gov/poverty>. We will notify you of the current poverty guideline amounts during each year of the post-discharge monitoring period.

**4. Reinstatement of obligation to repay discharged loans or complete discharged TEACH Grant service obligation.** If you do not meet the requirements described above in Item 3 at any time during or at the end of the post-discharge monitoring period, we will reinstate your obligation to repay your loans and/or to complete your TEACH Grant service. If your loans are reinstated, you will be responsible for repaying your loans to us in accordance with the terms of your promissory note(s). Your loans will be returned to the status that would have existed if we had not received your total and permanent disability discharge application. However, you will not be required to pay interest on your loans for the period from the date of the discharge until the date your repayment obligation was reinstated. We will be your loan holder. If your TEACH Grant service obligation is reinstated, you will again be subject to the requirements of your TEACH Grant Agreement to Serve. If you do not meet the terms of that agreement and the TEACH Grant funds you received are converted to a Direct Unsubsidized Loan, you must repay that loan in full, and interest will be charged from the date(s) that the TEACH Grant funds were disbursed.

If your obligation to repay your loans or to complete your TEACH Grant service is reinstated, we will notify you of the reinstatement. This notification will include:

- The reason or reasons for the reinstatement;
- For loans, an explanation that the first payment due date on the loan following the reinstatement will be no earlier than 60 days following the date of the notification of reinstatement; and
- Information on how you may contact us if you have questions about the reinstatement, or if you believe that your obligation to repay a loan or complete TEACH Grant service was reinstated based on incorrect information.

## **SECTION 7: ELIGIBILITY REQUIREMENTS TO RECEIVE FUTURE LOANS OR TEACH GRANTS**

### **FOR VETERANS WHO RECEIVE A TOTAL AND PERMANENT DISABILITY DISCHARGE BASED ON A DETERMINATION BY THE VA THAT THEY ARE UNEMPLOYABLE DUE TO A SERVICE-CONNECTED DISABILITY:**

If you are a veteran who is granted a **discharge** based on a determination that you are totally and permanently disabled as described in paragraph (2) of the definition of "total and permanent disability" in Section 5 of this application, you are not eligible to receive future loans under the Direct Loan Program or the Perkins Loan Program, or future TEACH Grants, unless:

- You obtain a certification from a physician that you are able to engage in substantial gainful activity; and
- You sign a statement acknowledging that the new loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan or TEACH Grant is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled.

### **FOR ALL OTHER INDIVIDUALS WHO RECEIVE A TOTAL AND PERMANENT DISABILITY DISCHARGE:**

If you are granted a **discharge** based on a determination that you are totally and permanently disabled in accordance with paragraph (1) of the definition of "total and permanent disability" in Section 5 of this application, you are not eligible to receive future loans under the Direct Loan Program or the Perkins Loan Program, or future TEACH Grants, unless:

- You obtain a certification from a physician that you are able to engage in substantial gainful activity;
- You sign a statement acknowledging that the new loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan or TEACH Grant is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled; and

If you request a Direct Loan Program or Perkins Loan Program loan, or a new TEACH Grant, within three years of the date that a previous loan or TEACH Grant was discharged, you resume payment on the previously discharged loan or acknowledge that you are once again subject to the terms of the TEACH Grant Agreement to Serve before receiving the new loan.

## SECTION 8: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 *et seq.*, §451 *et seq.*, §461 *et seq.*, and §420L *et seq.* of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. 1071 *et seq.*, 20 U.S.C. 1087a *et seq.*, 20 U.S.C. 1087aa *et seq.*, and 20 U.S.C. 1070g *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and §31001(i)(1) of the Debt Collection Improvement Act of 1996 (31 U.S.C. 7701(c)). Participating in the Federal Family Education Loan (FFEL) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, the Federal Perkins Loan (Perkins Loan) Program, and/or the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a FFEL, Direct Loan, and/or Perkins Loan program loan or a TEACH Grant, to receive a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) or a discharge of a TEACH Grant service obligation, to permit the servicing of your loan(s) or TEACH Grant(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices.

For a loan or for a TEACH Grant that has not been converted to a Direct Unsubsidized Loan, the routine uses of the information that we collect about you include, but are not limited to, its disclosure to federal, state, or local agencies, to institutions of higher education, and to third party servicers to determine your eligibility to receive a loan or a TEACH Grant, to investigate possible fraud, and to verify compliance with federal student financial aid program regulations.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

For a loan, including a TEACH Grant that has been converted to a Direct Unsubsidized Loan, the routine uses of this information also include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to creditors, to financial and educational institutions, and to guaranty agencies to verify your identity, to determine your program eligibility and benefits, to permit making, servicing, assigning, collecting, adjusting, or discharging your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, or to verify whether your debt qualifies for discharge or cancellation. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state or local agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 0.5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the information collection. Individuals are obligated to respond to this collection to obtain a benefit in accordance with 34 CFR 674.61(b) or (c), 34 CFR 682.402(c)(2) or (c)(9), 34 CFR 685.213(b) or (c), and 34 CFR 686.42(b). Send comments regarding the burden estimate(s) or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20210-4537, or e-mail [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference OMB Control Number 1845-0065. **IMPORTANT: Do NOT return the completed Discharge Application to this address. If you return the completed form to this address, it will delay the processing of your application.**

**If you have comments or concerns regarding the status of your individual submission of this form, contact the U.S. Department of Education at 1-888-303-7818.**

**REPRESENTATIVE DESIGNATION  
FORM**



### Total and Permanent Disability Discharge: Applicant Representative Designation

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program/ Federal Perkins Loan (Perkins) Program / Teacher Education Assistance for College and Higher Education (TEACH) Grant Program

Use this form to (1) designate an individual or organization to represent you in all matters related to your total and permanent disability discharge request, (2) change the individual or organization that represents you in all matters related to your discharge request, or (3) revoke a designation of an individual or organization to represent you in all matters related to your discharge request.

TPD REP

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

#### SECTION 1: APPLICANT IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

DOB [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

#### SECTION 2: DESIGNATION, CHANGE, OR REVOCATION OF APPLICANT REPRESENTATIVE

This form is required to designate an individual or organization to represent you in matters related to your total and permanent disability discharge request, even if that individual or organization already has authority to act on your behalf through, for example, a power of attorney. Before completing this form, carefully read the entire form, particularly Sections 3. Type or print using dark ink. If you need help completing this form, contact the U.S. Department of Education at 888-303-7818. Return the completed form and any required documentation to U.S. Department of Education, TPD Servicing, P.O. Box 87130, Lincoln, NE 68501-7130.

- Please select the reason that you are completing this request by checking box a, b, or c, below.
  - I am **designating** an individual or organization to represent me in all matters relating to my total and permanent disability discharge request—Continue to Item 2.
  - I am **changing** the individual or organization that represents me in all matters relating to my total and permanent disability discharge request—Continue to Item 2.
  - I am **revoking** my previous designation of an individual or organization that represents me in all matters related to my total and permanent disability discharge request. I no longer wish to have a representative.—Skip to Section 3.
- Please provide contact information for the representative that you are designating. If you are designating an organization as your representative, you do not need to provide a name of an individual at the organization that will be your representative.

Individual Name (if applicable) \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Organization Taxpayer ID No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone – Primary ( ) \_\_\_\_\_

Telephone – Alternate ( ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

#### SECTION 3: APPLICANT REQUEST, UNDERSTANDINGS, AUTHORIZATIONS, AND CERTIFICATION

- I **request** to designate, change, or revoke an individual or organization to represent me in all matters relating to my total and permanent disability discharge request. If I have not already submitted an application for a total and permanent disability discharge, I intend to do so.
- I **understand** that:
  - The individual or organization that I designate in Section 2 will have the ability to receive information about my total and permanent disability discharge request for my federal student loans or TEACH Grants that is otherwise protected by the Privacy Act of 1974 and will have the ability to act on my behalf as it relates to my total and permanent disability discharge request, including the authority to apply for the discharge, provide notifications or information to the U.S. Department of Education (the Department), and receive notifications and correspondence from the Department;
  - To verify my representative's identity when making a request for disclosure or providing information by telephone, the representative may be required to provide my name, Social Security Number and date of birth;
  - When requesting disclosure of information, the representative named in Section 2 must submit information to verify his or her identity or the organization for which he or she works;
  - If I am requesting to change or revoke the individual or organization that represents me, the individual or organization that I previously designated will no longer be my representative as of the date that the Department receives my request;
  - If I am requesting to revoke the individual or organization that represents me, I may do so in any oral or written communication to the Department;
  - My representative may also revoke my designation in any oral or written communication to the Department; and
  - My designation, change, or revocation will be effective on the date that the Department receives and (if written) processes my communication.
- I **authorize** the Department and its agents to release to, and discuss with, the individual or organization named in Section 2, any records held by the Department regarding my federal student loan or grant service obligation(s) and to send correspondence related to my discharge request to that individual or organization. I also authorize the individual or organization named in Section 2 to assist me in satisfying the obligation through a total and permanent disability discharge.
- I **certify** that all of the information I have provided on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



#### **SECTION 4: IMPORTANT NOTICES**

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 *et seq.*, §451 *et seq.*, §461 *et seq.*, and §420L *et seq.* of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. 1071 *et seq.*, 20 U.S.C. 1087a *et seq.*, 20 U.S.C. 1087aa *et seq.*, and 20 U.S.C. 1070g *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and §31001(i)(1) of the Debt Collection Improvement Act of 1996 (31 U.S.C. 7701(c)). Participating in the Federal Family Education Loan (FFEL) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, the Federal Perkins Loan (Perkins Loan) Program, and/or the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a FFEL, Direct Loan, and/or Perkins Loan program loan or TEACH Grant, to receive a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) or a discharge of a TEACH Grant service obligation, to permit the servicing of your loan(s) or TEACH Grant(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices.

For a loan or for a TEACH Grant that has not been converted to a Direct Unsubsidized Loan, the routine uses of the information that we collect about you include, but are not limited to, its disclosure to federal, state, or local agencies, to institutions of higher education, and to third party servicers to determine your eligibility to receive a loan or TEACH Grant, to investigate possible fraud, and to verify compliance with federal student financial aid program regulations.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

For a loan, including a TEACH Grant that has been converted to a Direct Unsubsidized Loan, the routine uses of this information also include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to creditors, to financial and educational institutions, and to guaranty agencies to verify your identity, to determine your program eligibility and benefits, to permit making, servicing, assigning, collecting, adjusting, or discharging your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, or to verify whether your debt qualifies for discharge or cancellation. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state or local agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 0.5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the information collection. Individuals are obligated to respond to this collection to obtain a benefit in accordance with 34 CFR 674.61(b) or (c), 34 CFR 682.402(c)(2) or (c)(9), 34 CFR 685.213(b) or (c), and 34 CFR 686.42(b). Send comments regarding the burden estimate(s) or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 40 Maryland Avenue, SW, Washington, DC 20210-4537, or e-mail [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference OMB Control Number 1845-0065. **IMPORTANT: Do NOT return the completed Applicant Representative Designation to this address. If you return the completed form to this address, it will delay the processing of your request.**

**If you have comments or concerns regarding the status of your individual submission of this form, contact the U.S. Department of Education at 1-888-303-7818.**

**OPTIONAL DOCTOR INFORMATION  
SHEET**

Dear Doctor:

The purpose of this letter is to provide you with information about the Department of Education disability discharge process.

Please see the attached application form.

A few tips:

1. Please review and complete Section 4 of this application. This section asks you to certify that it is your professional judgment that the borrower is totally and permanently disabled. Every single blank in this section must be completed; if any are left, the application will be rejected.
2. The disability standard used by the Department of Education is different than the standard in other government programs, such as Social Security. Under the Department of Education standard, borrowers are eligible for this discharge if they are unable to work and earn money because of an illness or injury that is expected to result in death, expected to last for a continuous period of not less than 60 months or has lasted for a continuous period of not less than 60 months.
3. You do not have to provide information about when the borrower became disabled. The eligibility standard is only that the borrower is totally and permanently disabled as of the date you sign this form.
4. Please provide more than a diagnosis. You must provide a clear and concise diagnosis of the borrower from working and earning money. as required on the form, and clearly and fully describe the borrower's condition and how it prevents the borrower from working and earning money.
5. You may submit additional information with the application.
6. Any changes must be initialed.
7. Please be sure and date the form and provide your professional license number.
8. You should expect that someone from the Department of Education will contact you to follow up on this application. It is important to include as much supporting documentation (medical records) at the outset to help avoid repeated requests for additional information.

Thank you for your assistance with this matter.

Sincerely,

# **WHERE TO SEND THE APPLICATION**

## WHERE TO SEND THE APPLICATION

1. You may start the application process online at <http://www.disabilitydischarge.com>.
2. You should mail completed applications to:  
U.S. Department of Education, P.O. Box 87130, Lincoln, NE 68501-7130.
3. You should send the application by certified mail with return receipt.
4. If you are applying based on a doctor's documentation, you must submit the application within 90 days of the date of the doctor's signature on the form.

# **WHAT TO EXPECT AFTER YOU SEND IN THE APPLICATION**

## WHAT TO EXPECT AFTER YOU SEND IN THE APPLICATION

Nelnet will review your application. If they determine that it meets the requirements, they will send it to the Department of Education. This process can take a while. It is a good idea to contact Nelnet regularly to check on the status of your application. Contact information is included at the end of this packet and on the letters you will receive from the Department.

If approved, you will get a final discharge of your loans. The discharge will be effective as of the date the doctor signed the application form or as of the date the Department received the SSA notice of award. Sample letter #1 is the letter you should receive if your application is approved.

Any payments received after the date the doctor signed the form or as of the date the Department received the SSA notice of award must be returned. This includes voluntary and involuntary payments, such as wage garnishments and tax refund offsets. The discharge will also be reported to credit bureaus. You should consult a tax professional regarding possible tax liability for the discharged amount.

The Department has the right to reinstate the loans if during the three years after the discharge is granted:

- Your annual earnings from employment are above the poverty line amount for a family of two in your state, regardless of your family size. Under the 2017 guidelines, this amount is \$15,; 52 if you live in the 48 contiguous states.  
(Information about poverty level guidelines can be found on the U.S. Department of Health and Human Services web site: <http://aspe.hhs.gov/poverty/>),
- You receive any new federal loans or a TEACH grant, or
- If you had a federal loan or TEACH grant that was originated before the date the doctor signed the application and a disbursement was made during the three year period after discharge. In these circumstances, you must provide the Department with documentation showing that the disbursement was returned to the loan holder or for a TEACH grant to the Department within 120 days of the disbursement date.
- You receive a notice from the SSA stating that you are no longer totally and permanently disabled, or that your disability review will no longer be the 5-year or 7-year review period indicated in your most recent SSA notice of award for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

During the three year period, you must promptly inform the Department if your annual earnings exceed the poverty line for a family of two and notify the Department of any changes in address. The Department must give you notice if they reinstate the loan, including reasons for the reinstatement and an explanation that the first payment due date on the loan following reinstatement will be no earlier than sixty days after the date of the notice. (See Sample letter #2).

They must also give you information about how to contact the Department if you have questions or if you believe that the loan was reinstated based on incorrect information. You must provide documentation of any employment earnings each year of the three year period.

The reinstatement period does not apply if you are approved under the separate veterans process.

### **What to Do If the Application is Denied**

If the application is denied, you should receive a letter that includes the reasons for the denial (see sample letter #3).

Although there is no formal process within the Department to appeal, it is a good idea to contact the Department if you receive a denial and ask about the basis for the decision. You can often resolve these problems informally. You can contact the Department's ombudsman program for assistance. (The phone number for the ombudsman is toll-free 877-557-2575). You can also reapply if you missed a deadline or decide it is more efficient to start over again. You should consult an attorney for assistance if possible.

If you cannot resolve the problem informally, the denial may be appealed under the judicial review provision of the Administrative Procedures Act.

### **Tax Consequences**

The Department reports the discharge of any loan debt totaling \$600.00 or more to the Internal Revenue Service (IRS) for the year that the loan was discharged. If your loans are discharged, you will get an IRS Form 1099-C that will identify the total amount of your discharged debt. The amount of the discharged debt will be considered income for federal tax purposes and possibly for state tax purposes. You may want to consult with a tax professional to determine how this may affect your personal taxes. For example, you may not have to pay taxes in certain circumstances such as if you can claim insolvency status using I.R.S. Form 982



# **SAMPLE LETTER #1**

**B 08 – Non Veteran Discharge Granted Letter**  
**Recipient = Non Veteran Borrower (and Endorser, if applicable)**  
**7/1 Status = Post**  
**File Name = B 08 – Non Veteran Discharge Granted Letter.approved 082210.doc**

[Date]

[Borrower Name]  
[Address Line 1]  
[Address Line 2]  
[City], [State] [Zip Code]

Account #: [this will include our parti id]

Dear [Borrower Name] [and Endorser Name]:

The U.S. Department of Education (the Department) has completed its review of your application for a total and permanent disability discharge of your Federal Family Education Loan (FFEL) Program, Federal Perkins Loan (Perkins Loan) Program, and/or William D. Ford Federal Direct Loan (Direct Loan) Program loan, and/or your Teacher Education Assistance for College and Higher Education (TEACH) Grant Program service obligation. Throughout this letter, we use the term “loan” to refer to one or more loans.

The Department has discharged your loan or TEACH Grant service obligation on the basis of your total and permanent disability. This cancels your obligation to repay the loan or complete the teaching service you agreed to perform as a condition for receiving a TEACH Grant. However, the discharged loan or TEACH Grant service obligation will be reinstated if you not meet certain requirements during a post-discharge monitoring period that will be in effect for three years from the discharge date, [Discharge Date].

---- Insert this text if borrower has an endorser on his or her PLUS loan and endorser has not applied for TPD discharge ----

**Note to Endorser:** You are receiving this letter to make you aware that the PLUS loan you agreed to repay if the borrower did not do so has been discharged. The requirements that must be met during the three-year post-discharge monitoring period apply only to the borrower. However, if the borrower does not meet the requirements and his or her loan is reinstated, your obligation to repay the loan if the borrower does not repay it will also be reinstated.

--- End inserted text ---

In this letter, we provide important information. First, we list your discharged loan or TEACH Grant service obligation. If applicable, we next list other loans we have identified that **may** be eligible for discharge based on your total and permanent disability. Finally, we explain the requirements you must meet during the three-year post-discharge monitoring period.

**Discharged Loan or TEACH Grant Service Obligation**

Your discharged loan or TEACH Grant service obligation is as follows:

Assignment ID	Assignment Date	Status	Loan or TEACH Grant ID	Prior Holder

--- Insert this text if other loans are identified ---

### **Other Potentially Eligible Loan Information**

During our review of your application, we identified another loan in our National Student Loan Data System (NSLDS) that **may** be eligible for discharge based on your total and permanent disability. To apply for discharge of this other loan, you must submit a total and permanent disability discharge application to the loan holder.

Your other loan that **may** be eligible for discharge is as follows:

Loan Type	Loan ID	Holder

--- End inserted text ---

### **Three-Year Post-Discharge Monitoring Period**

As explained above, the Department has discharged a specific loan and/or TEACH Grant service obligation due to your total and permanent disability. You are now subject to a monitoring period that will end three years from the discharge date included in this letter.

During the monitoring period, you—

- Must not have annual employment earnings that exceed the Poverty Guideline amount for a family of two in your state, regardless of your actual family size;
- Must not receive a new Perkins or Direct Loan, or a new TEACH Grant; and
- Must ensure the return of a loan disbursement to the loan holder or TEACH Grant disbursement to the Department within 120 days of the disbursement date, in the case of a loan or Teach Grant that was made before the discharge date, but was disbursed during the three-year post-discharge monitoring period.

In addition, you must promptly notify or respond to the Department—

- If you receive annual earnings from employment that exceed the Poverty Guideline amount for a family of two in your state, regardless of your actual family size;
- If there is a change in your address or telephone number; and
- If you are requested to provide the Department with documentation of your annual earnings from employment.

**Note:** During the monitoring period, we will notify you annually of the Poverty Guideline amounts. These amounts are also available via the Web at <http://aspe.hhs.gov/poverty>.

If at any time during or at the end of the three-year monitoring period you do not meet any of the conditions outlined above, the Department will reinstate your loan or TEACH Grant service obligation. You will then be required to repay the loan or fulfill the TEACH Grant service obligation.

If your obligation to repay a discharged loan is reinstated, we will notify you of the reinstatement. You will not be required to pay interest on the loan for the period from the date of discharge until

the reinstatement date. We will send you a notification of reinstatement that will include the following information—

- The reason(s) for the reinstatement;
- An explanation that the first payment due date on the reinstated loan will be no earlier than 60 days after the date of the notification of reinstatement; and
- Information on how you may contact the Department if you have questions about the reinstatement or believe that the Department's determination was based on incorrect information.

Comparable information will be provided to you if a discharged TEACH Grant service obligation is reinstated.

### **How to Contact Us**

Written correspondence can be sent to:

U.S. Department of Education  
P.O. Box 173904  
Denver, CO 80217

In addition, the following Web site, [www.disabilitydischarge.com](http://www.disabilitydischarge.com), is available for you to check the status of your discharge application, upload supporting documentation that may have been requested, and/or update your demographic information.

If you have questions, contact us at 1.888.303.7818 from 8:00 A.M. to 8:00 P.M. (ET), Monday through Friday. Individuals who use a telecommunications device for the deaf (TDD) can call 1.888.636.6401. Or, e-mail us at [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net).

Sincerely,

Nelnet Total and Permanent Disability Servicer

## **SAMPLE LETTER #2**

**B 12 – Non Veteran Obligation Reinstated Letter**  
**Recipient = Non Veteran Borrower (and Endorser, if applicable)**  
**7/1 Status = Post**  
**File Name = B 12 – Non Veteran Obligation Reinstated Letter.approved 082210.doc**

[Date]

[Borrower Name]  
[Address Line 1]  
[Address Line 2]  
[City], [State] [Zip Code]

Account #: [this will include our parti id]

Dear [Borrower Name] [and Endorser Name]:

The U.S. Department of Education (the Department) has reinstated your previously discharged Federal Family Education Loan (FFEL) Program, Federal Perkins Loan (Perkins Loan) Program, and/or William D. Ford Federal Direct Loan (Direct Loan) Program loan, and/or your Teacher Education Assistance for College and Higher Education (TEACH) Grant Program service obligation. Throughout this letter, we use the term “loan” to refer to one or more loans.

The Department discharged your loan or TEACH Grant obligation on the basis of your total and permanent disability on [Discharge Date] and explained that you would be required to meet certain conditions for three years from that discharge date. You have not met one or more of the required conditions during the three-year post-discharge monitoring period and must now repay your loans or fulfill the teaching service you agreed to perform as a condition for receiving a TEACH Grant.

--- Insert this text if borrower has an endorser on his or her PLUS loan and endorser has not applied for TPD discharge ---

**Note to Endorser:** You are receiving this letter to make you aware that the discharged PLUS loan you agreed to repay if the borrower did not do so has been reinstated. Accordingly, your obligation to repay the loan if the borrower does not repay it is also reinstated and again in effect.

--- End inserted text ---

In this letter, we provide important information. First, we list your reinstated loan or TEACH Grant obligation. Next, we provide the reason the Department has reinstated your loan or TEACH Grant obligation and explain what you can do if you believe the basis for reinstatement of your loan or TEACH Grant obligation is incorrect. Finally, we identify the Department’s servicer to which we have transferred your account for servicing from this point forward.

**Reinstated Loan or TEACH Grant Service Obligation**

Your reinstated loan or TEACH Grant service obligation is as follows:

Assignment ID	Assignment Date	Status	Loan or TEACH Grant ID	Prior Holder

### **Reason for Reinstatement**

The Department has reinstated your loan or TEACH Grant service obligation for the following reason:

--- Insert applicable text (bulleted item and left-justified follow up information) ---

- Based on the employment earnings information you submitted to us, you have received annual earnings from employment that exceed the Poverty Guideline amount for a family of two in your state. During the three-year post-discharge monitoring period, you may not receive earnings in excess of this Poverty Guideline amount, regardless of your actual family size.

Specifically, during the period [Start Date] to [End Date], your earnings from employment exceeded [Poverty Guideline Amount for Applicable State].

If you have questions about the reinstatement of your loan or TEACH Grant service obligation or believe the reinstatement was based on incorrect information, contact us to discuss.

- Based on the employment earnings information you submitted to us, you have received annual earnings from employment that exceed the Poverty Guideline amount for a family of two in your state. During the three-year conditional discharge period, you may not receive earnings in excess of this Poverty Guideline amount, regardless of your actual family size.

Specifically, during the period [Start Date] to [End Date], your earnings from employment exceeded [Poverty Guideline Amount for Applicable State].

It appears that this period may include employment earnings prior to when your physician certified your discharge application. However, you have not provided sufficient documentation for us to validate that this is the case.

If you have questions about the Department's determination that your loan or TEACH Grant service obligation is ineligible for final discharge or believe the determination was based on incorrect information, contact us to discuss.

- You have not responded to our request for documentation of your annual earnings from employment. During the three-year post-discharge monitoring period, you are required to respond to our requests for employment earnings documentation so that we can determine if your earnings exceed the Poverty Guideline amount for a family of two in your state.

Specifically, you have not provided [a or an] [Documentation Type] for the period [Start Date] to [End Date].

If you have questions about the reinstatement of your loan or TEACH Grant service obligation or believe the reinstatement was based on incorrect information, contact us to discuss.

If you have not submitted the required documentation but do so within one year of the date of this letter, we will return your loan or TEACH Grant service obligation to discharge status. After one year, you will need to submit a new application if you want us to reevaluate your eligibility for total and permanent disability discharge of your loan or TEACH Grant obligation.

- You have received a new Perkins Loan, Direct Loan, or TEACH Grant.

If you have questions about the reinstatement of your loan or TEACH Grant service obligation or believe the reinstatement was based on incorrect information, contact us to discuss.

- You received a loan or TEACH Grant disbursement and did not return it to the loan holder or Department, as appropriate, within 120 days of the disbursement date. During the three-year post-discharge monitoring period, you are required to ensure the return of a loan disbursement to the loan holder or TEACH Grant disbursement to the Department within 120 days of the disbursement date, in the case of a loan or TEACH Grant that was made before the discharge date, but was disbursed during the three-year post-discharge monitoring period.

If you have questions about the reinstatement of your loan or TEACH Grant service obligation or believe the reinstatement was based on incorrect information, contact us to discuss.

If you have not submitted the required documentation but do so within one year of the date of this letter, we will return your loan or TEACH Grant service obligation to discharge status. A letter from your school's financial aid office would serve as acceptable documentation. After one year, you will need to submit a new application if you want us to reevaluate your eligibility for total and permanent disability discharge of your loan or TEACH Grant obligation.

- [Other unique bulleted reason and appropriate follow up information]

--- End inserted text ---

### **New Servicer Information**

--- Insert this text if borrower has 1) a loan or 2) a loan and a TEACH Grant ---

The Department has transferred your reinstated loan to its servicer, [Servicer Name]. Your loan will again be reported to national credit reporting agencies as in repayment status, and you will make loan payments to this servicer.

Your new servicer will notify you upon receipt of your account and inform you of your first payment due date. Your first payment due date will be no earlier than 60 days from the date of this letter. You will not be charged interest on your loan from the discharge date, [Discharge Date], through the date of this letter.

--- Insert this text if borrower has 1) a TEACH Grant or 2) a loan and a TEACH Grant ---

The Department has transferred your TEACH Grant to its servicer, [Servicer Name]. You are again responsible for completing the service obligation in accordance with the TEACH Grant Agreement to Serve that you signed. Your new servicer will communicate with you to monitor the completion of your service obligation.

--- End inserted text ---

### **How to Contact Us**

Written correspondence can be sent to:

U.S. Department of Education  
P.O. Box 173904  
Denver, CO 80217

In addition, the following Web site, [www.disabilitydischarge.com](http://www.disabilitydischarge.com), is available for you to check the



U.S. Department of Education  
Total and Permanent Disability Servicer

status of your discharge application, upload supporting documentation that may have been requested, and/or update your demographic information.

If you have questions, contact us at 1.888.303.7818 from 8:00 A.M. to 8:00 P.M. (ET), Monday through Friday. Individuals who use a telecommunications device for the deaf (TDD) can call 1.888.636.6401. Or, e-mail us at [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net).

Sincerely,

Nelnet Total and Permanent Disability Servicer

# **SAMPLE LETTER #3**

**B 11 – Non Veteran Discharge Not Granted Letter**  
**Recipient = Non Veteran Borrower (and Endorser, if applicable)**  
**7/1 Status = Post**  
**File Name = B 11 – Non Veteran Discharge Not Granted Letter.approved 082210.doc**

[Date]

[Borrower Name]  
[Address Line 1]  
[Address Line 2]  
[City], [State] [Zip Code]

Account #: [this will include our parti id]

Dear [Borrower Name] [and Endorser Name]:

The U.S. Department of Education (the Department) has completed its review of your application for a total and permanent disability discharge of your Federal Family Education Loan (FFEL) Program, Federal Perkins Loan (Perkins Loan) Program, and/or William D. Ford Federal Direct Loan (Direct Loan) Program loan, and/or your Teacher Education Assistance for College and Higher Education (TEACH) Grant Program service obligation. Throughout this letter, we use the term "loan" to refer to one or more loans.

The Department has determined, based on the information provided in your application and/or obtained through the application review process, that you do not qualify to have your loan or TEACH Grant service obligation discharged on the basis of total and permanent disability. This means that you must repay the loan or fulfill the teaching service you agreed to perform as a condition for receiving a TEACH Grant.

--- Insert this text if borrower has an endorser on his or her PLUS loan and endorser has not applied for TPD discharge ---

**Note to Endorser:** You are receiving this letter to make you aware that the PLUS loan you agreed to repay if the borrower did not do so is not eligible for discharge. Your obligation to repay the loan if the borrower does not repay it remains in effect.

--- End inserted text ---

In this letter, we provide important information. First, we list your loan or TEACH Grant obligation that is not eligible for discharge. Next, we provide the reason the Department has determined that you do not qualify to have your loan or TEACH Grant obligation discharged and explain what you can do if you have questions about the basis for our decision or believe there is other information that should be considered. Finally, we identify the Department's servicer to which we have transferred your account for servicing from this point forward.

**Loan or TEACH Grant Service Obligation Ineligible for Discharge**

Your loan or TEACH Grant service obligation that is ineligible for discharge is as follows:

Assignment ID	Assignment Date	Status	Loan or TEACH Grant ID	Prior Holder

### **Reason for Discharge Ineligibility**

Based on the information provided in your application and/or obtained through the application review process, you do not qualify to have your loan or TEACH Grant service obligation discharged on the basis of total and permanent disability for the following reason(s):

--- Insert applicable text (bulleted item and left-justified follow up information) ---

- The information provided and certified by your physician indicates that you are able to engage in substantial gainful activity. "Substantial gainful activity" is a level of work performed for pay or profit that involves doing significant physical or mental activities, or both.

If you have questions about the basis for our decision or believe there is other information that should be considered, contact us to discuss.

- The information certified by your physician does not indicate that you have a medically determinable physical or mental impairment that (1) can be expected to result in death; (2) has lasted for a continuous period of not less than 60 months; or (3) can be expected to last for a continuous period of not less than 60 months.

If you have questions about the basis for our decision or believe there is other information that should be considered, contact us to discuss.

- Your physician did not fully complete the application and has not responded to our requests that he or she provide the missing information.

The missing information is as follows:

[List applicable incomplete fields including field number and description]

We will reevaluate your application if we receive the missing information within one year of the date of this letter. After one year, you will need to submit a new application if you want us to evaluate your eligibility for total and permanent disability discharge of your loan or TEACH Grant obligation.

- Your physician provided conflicting or unclear information on the application and has not responded to our requests that he or she clarify the information.

The conflicting or unclear information is as follows:

[List applicable fields including field number and description]

We will reevaluate your application if we receive the clarifying information within one year of the date of this letter. After one year, you will need to submit a new application if you want us to evaluate your eligibility for total and permanent disability discharge of your loan or TEACH Grant obligation.

- [Other unique bulleted reason and appropriate follow up information]

--- End inserted text ---

### **New Servicer Information**

--- Insert this text if borrower has 1) a loan or 2) a loan and a TEACH Grant ---

The Department has transferred your loan identified above to its servicer, [Servicer Name]. You will make loan payments to this servicer, and the servicer will report your repayment status to national consumer reporting agencies.

Your new servicer will notify you upon receipt of your account and inform you of your first payment due date. Your first payment due date will be no earlier than 60 days from the date of this letter. The interest that accrued on your loan while it was evaluated for discharge has been added to the principal balance of your loan (this is called capitalization).

--- Insert this text if borrower has 1) a TEACH Grant or 2) a loan and a TEACH Grant ---

The Department has transferred your TEACH Grant to its servicer, [Servicer Name]. You are again responsible for completing the service obligation in accordance with the TEACH Grant Agreement to Serve that you signed. Your new servicer will communicate with you to monitor the completion of your service obligation.

--- End inserted text ---

### **How to Contact Us**

Written correspondence can be sent to:

U.S. Department of Education  
P.O. Box 173904  
Denver, CO 80217

In addition, the following Web site, [www.disabilitydischarge.com](http://www.disabilitydischarge.com), is available for you to check the status of your discharge application, upload supporting documentation that may have been requested, and/or update your demographic information.

If you have questions, contact us at 1.888.303.7818 from 8:00 A.M. to 8:00 P.M. (ET), Monday through Friday. Individuals who use a telecommunications device for the deaf (TDD) can call 1.888.636.6401. Or, e-mail us at [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net).

Sincerely,

Nelnet Total and Permanent Disability Servicer

# **FREQUENTLY ASKED QUESTIONS**

## **FREQUENTLY ASKED QUESTIONS**

### **I am disabled, but think I might be able to work. Can I apply?**

The question is whether you really are able to work or not. If you are able to work even if you are not currently employed, you will not qualify.

### **What if I am working now?**

You will not qualify if you are working at the time you apply. However, if you apply and are approved, you are allowed to work and earn minimal amounts during the conditional discharge period if you applied before July 1, 2010 or during the reinstatement period if you applied after July 1, 2010.

### **What happens if I later want to take out a new federal loan?**

You will have to get a doctor to certify that you are able to work. You will also have to sign a statement that the new loan cannot be discharged in the future based on any current impairment unless that impairment substantially deteriorates.

### **Does the date I became disabled matter?**

Only for applications submitted before July 1, 2008.

### **Can I apply again if I was denied the first time?**

Yes. This is more likely to be successful if there was a minor problem the first time around such as the doctor's failure to fill in his license number. But you can also reapply if you have been able to gather stronger evidence of your disability.

### **How can I prove I'm not working during the three year period?**

The Department will send you a form to get information about your earnings (or lack of earnings) during the reinstatement period. If you have earned some income from employment, you will need to provide documentation to show that those earnings are below the allowable limit. The easiest way to prove this is to provide a copy of your annual tax return. The Department also allows you to submit a number of other types of documents to prove that you do not have earnings above the limit, including:

1. Pay stubs showing year-to-date income,
2. W2, or

3. Social Security Statement. (Visit [www.ssa.gov/mystatement](http://www.ssa.gov/mystatement). You must set up an account to see, download, save and print your full statement of earnings.)

If you do not have earnings from employment, you should only have to sign the Department's "**Post-Discharge Monitoring**" form. By signing the form, you are certifying that you had no earned income from employment during the reinstatement period. A copy of the form follows these FAQs.

### **Who can I contact at the Department for more information?**

For questions about applying for a total and permanent disability (TPD) discharge or to check on the status of an existing request, you can contact the Nelnet Total and Permanent Disability Servicer.

Phone: 1-888-303-7818

Fax: 1-303-696-5250

**TDD/TTY:** A borrower who is hearing-impaired may Web chat with a representative by clicking on "Chat Now" at the top of this page.

**Special Assistance Team:** A borrower who has special needs and requires assistance navigating the TPD discharge process simply needs to request assistance when he or she contacts the Nelnet Total and Permanent Disability Servicer.

**Email:** [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net)

**Web site:** [www.disabilitydischarge.com](http://www.disabilitydischarge.com)

**Office Hours:** 8:00 a.m. - 8:00 p.m. (ET), seven days a week

**Mail:**

U.S. Department of Education

P.O. Box 87130

Lincoln, NE 68501

**For overnight delivery:**

U.S. Department of Education

121 South 13th Street, Suite 201

Lincoln, NE 68508



# **Post Discharge Monitoring Form**



#### **SECTION 4: DEFINITIONS**

- A **discharge of a loan** due to a total and permanent disability cancels your obligation (and, if applicable, an endorser's obligation) to repay the remaining balance on your FFEL, Perkins Loan, and/or Direct Loan program loans.
- The **post-discharge monitoring period** begins on the date the U.S. Department of Education grants a discharge of your loan or TEACH Grant service obligation and lasts for three years. If you fail to meet certain conditions at any time during or at the end of the post-discharge monitoring period, the U.S. Department of Education will reinstate your obligation to repay your loan or complete your TEACH Grant service. See Section 5 for more information.
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Direct Subsidized Loans, Direct Unsubsidized Loans, Direct PLUS Loans, and Direct Consolidation Loans.
- The **Federal Perkins (Perkins) Loan Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loan).
- The **Teacher Education Assistance for College (TEACH) Grant** provides grants to students who agree to teach full time for at least four years in high-need fields in low-income elementary or secondary schools as a condition for receiving the grant funds. If a TEACH Grant recipient does not complete the required teaching service within eight years after completing the program of study for which the TEACH Grant was received, the TEACH Grant funds are converted to a Direct Unsubsidized Loan that the grant recipient must repay in full, with interest, to the U.S. Department of Education.
- A **representative** is a member of your family, your attorney, a law firm or legal aid society, or another individual or organization authorized to act on your behalf in connection with your total and permanent disability discharge application.

#### **SECTION 5: IMPORTANT INFORMATION ABOUT THE POST-DISCHARGE MONITORING PERIOD AND REINSTATEMENT**

##### **POST-DISCHARGE MONITORING PERIOD**

If you were granted a discharge, we will monitor your status during the 3-year post-discharge monitoring period that begins on the date the discharge is granted. We will reinstate your obligation to repay your loan(s) and/or to complete your TEACH Grant service if, at any time during the post-discharge monitoring period, you:

- Receive annual earnings from employment that exceed the poverty guideline amount for a family of two in your state, regardless of your actual family size;
- Receive a new loan under the Direct Loan Program or Perkins Loan Program, or a new TEACH Grant;
- Receive a disbursement of a Direct Loan, Perkins Loan, or TEACH Grant that was initially disbursed prior to your discharge date and fail to ensure that the disbursement is returned to the loan holder or (for a TEACH Grant) to us within 120 days of the disbursement date; or
- Receive a notice from the Social Security Administration (SSA) indicating that you are no longer disabled or that your continuing disability review will no longer be 5 to 7 years or more from the date of your last SSA disability determination (after you had been previously determined to be disabled by the SSA, were receiving SSDI or SSI benefits, and had a continuing disability review period of 5-7 years or more from the date of your last SSA disability determination).

During the 3-year post-discharge monitoring period, we will monitor the National Student Loan Data System (NSLDS) to determine whether you have received a new loan under the Direct Loan Program or the Perkins Loan Program or a TEACH Grant, or whether you have failed to ensure that a loan or TEACH Grant disbursement was returned to the loan holder or (for a TEACH Grant) to us within 120 days of the disbursement date.

During the 3-year post-discharge monitoring period, you (or your representative) must:

- Promptly notify us if your annual earnings from employment exceed the poverty guideline amount for a family of two in your state, regardless of your actual family size;
- Promptly notify us of any changes in your address or telephone number;
- Provide us with documentation of your annual earnings from employment, on a form that we will provide; and
- Promptly notify us if you had been previously determined to be disabled by the SSA, were receiving SSDI or SSI benefits, and had a continuing disability review period of 5 to 7 years or more from the date of your last SSA disability determination, but the SSA determines that you are no longer disabled or changes your continuing disability review period to a period that is shorter than 5 to 7 years.

##### **REINSTATEMENT OF OBLIGATION TO REPAY A LOAN OR COMPLETE TEACH GRANT SERVICE**

If you do not meet the requirements outlined above at any time during or at the end of the post-discharge monitoring period, we will reinstate your obligation to repay your loans and/or to complete your TEACH Grant service. If your loan is reinstated, you will be responsible for repaying your loans to us in accordance with the terms of your promissory note(s). Your loans will be returned to the status that would have existed if we had not received your total and permanent disability discharge application. However, you will not be required to pay interest on your loans for the period from the date of the discharge until the date your repayment obligation was reinstated. We will be your loan holder. If your TEACH Grant service obligation is reinstated, you will again be subject to the requirements of your TEACH Grant Agreement to Serve. If you do not meet the terms of that agreement and the TEACH Grant funds you received are converted to a Direct Unsubsidized Loan, you must repay that loan in full, and interest will be charged from the date(s) that the TEACH Grant funds were disbursed. If your obligation to repay your loans or complete your TEACH Grant service obligation is reinstated, we will notify you of the reinstatement. This notification will include:

- The reason or reasons for the reinstatement;
- For loans, an explanation that the first payment due date on the loan following the reinstatement will be no earlier than 60 days following the date of the notification of reinstatement; and
- Information on how you may contact us if you have questions about the reinstatement, or if you believe that your obligation to repay a loan or complete TEACH Grant service was reinstated based on incorrect information.

## SECTION 6: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 *et seq.*, §451 *et seq.*, §461 *et seq.*, and §420L *et seq.* of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. 1071 *et seq.*, 20 U.S.C. 1087a *et seq.*, 20 U.S.C. 1087aa *et seq.*, and 20 U.S.C. 1070g *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and §31001(i)(1) of the Debt Collection Improvement Act of 1996 (31 U.S.C. 7701(c)). Participating in the Federal Family Education Loan (FFEL) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, the Federal Perkins Loan (Perkins Loan) Program, and/or the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a FFEL, Direct Loan, and/or Perkins Loan program loan or a TEACH Grant, to receive a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) or a discharge of a TEACH Grant service obligation, to permit the servicing of your loan(s) or TEACH Grant(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices.

For a loan or for a TEACH Grant that has not been converted to a Direct Unsubsidized Loan, the routine uses of the information that we collect about you include, but are not limited to, its disclosure to federal, state, or local agencies, to institutions of higher education, and to third party servicers to determine your eligibility to receive a loan or a TEACH Grant, to investigate possible fraud, and to verify compliance with federal student financial aid program regulations.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

For a loan, including a TEACH Grant that has been converted to a Direct Unsubsidized Loan, the routine uses of this information also include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to creditors, to financial and educational institutions, and to guaranty agencies to verify your identity, to determine your program eligibility and benefits, to permit making, servicing, assigning, collecting, adjusting, or discharging your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, or to verify whether your debt qualifies for discharge or cancellation. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state or local agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 0.5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the information collection. Individuals are obligated to respond to this collection to obtain a benefit in accordance with 34 CFR 674.61(b) or (c), 34 CFR 682.402(c)(2) or (c)(9), 34 CFR 685.213(b) or (c), and 34 CFR 686.42(b). Send comments regarding the burden estimate(s) or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20210-4537, or e-mail [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference OMB Control Number 1845-0065. **IMPORTANT: Do NOT return the completed Post-Discharge Monitoring form to this address. If you return the completed form to this address, it will delay the processing of your request.**

**If you have comments or concerns regarding the status of your individual submission of this form, contact the U.S. Department of Education at 1-888-303-7818.**