



# TOTAL AND PERMANENT DISABILITY LOAN DISCHARGE REQUEST

## New Jersey College Loans to Assist State Students (NJCLASS) Loan Program

**WARNING:** In accordance with N.J.S.A. 18A:71C-31, any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be guilty of a crime of the fourth degree and may be subject to criminal penalties.

### SECTION 1: INDIVIDUAL IDENTIFICATION

Please enter or correct the following information.

SSN |\_\_|\_|\_|-|\_\_|\_|-|\_|\_|\_|\_|

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone - Home (     ) \_\_\_\_\_

Telephone - Other (     ) \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

### SECTION 2: INDIVIDUAL DISCHARGE REQUEST

*Before signing, carefully read the entire form, including the instructions and other information on the following pages.*

#### Individual Request, Authorization, Understandings, and Certifications

**I request** that the New Jersey Higher Education Student Assistance Authority (HESAA) discharge my repayment responsibility for loan(s) made under the New Jersey College Loan to Assist State Students (NJCLASS) Loan Program.

**I authorize** any physician, hospital, or other institution having records about the disability that is the basis for my request for a loan discharge to make information from these records available to the holder(s) of my loan(s).

**I understand** that this discharge request will not be granted unless (1) all applicable sections of this form are completed, and (2) all additional requested documentation is provided. I understand that if a discharge is approved, I may be responsible for a tax liability.

**I certify** that I have read, understand, and meet the eligibility criteria for a total and permanent disability, as defined in N.J.A.C. 9A:10-6.3 and 6.17. In addition, I certify that I have read and understand the information on the loan discharge process, the terms and conditions for discharge, the eligibility requirements for loan discharge, and the eligibility requirements to receive future loans as explained in N.J.A.C. 9A:10-6.4.

**I certify** that if I am signing as the individual's representative that I am authorized to do so on their behalf.

Signature of Individual or Individual's Representative \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Individual's Representative (if applicable) \_\_\_\_\_

Address of Individual's Representative (if applicable) \_\_\_\_\_

Representative's Relationship to Individual (if applicable) \_\_\_\_\_

### SECTION 3: PHYSICIAN'S CERTIFICATION

**Instructions for Physician:** The individual identified above is applying for discharge from repayment of his/her NJCLASS education loan(s) based on a total and permanent disability. You should complete and sign the certification below only if you are a doctor of medicine or osteopathy legally authorized to practice in a State and **if the individual's condition meets the definition of total and permanent disability pursuant to N.J.A.C. 9A:10-6.3 and 6.17(c).** Provide all requested information and attach additional pages if necessary. **Type or print in dark ink. Please return the completed form to the individual or the individual's representative.** The New Jersey Higher Education Student Assistance Authority (HESAA) or its representative may contact you for additional information or documentation.

**Note: The standard for determining disability for discharge of the individual's loan(s) may be different from standards used under other programs in connection with occupational disability or eligibility for social service benefits. See the definition of Total and Permanent Disability for NJCLASS loans in Section 5.**

1. When did the individual's medical condition begin? (MM-DD-YYYY) |\_\_|\_|-|\_\_|\_|-|\_|\_|\_|\_|

a. Does this medical condition prevent the individual from being able to attend school or work and earn money in any capacity?  Yes  No

b. If Yes, when did the individual become unable to attend school or work and earn money in any capacity?

(MM-DD-YYYY) |\_\_|\_|-|\_\_|\_|-|\_|\_|\_|\_|

2. Diagnosis/explanation of the individual's present medical condition \_\_\_\_\_

**3. Explain in detail how the medical condition prevents the applicant from working and earning money in any capacity, or attending school). Do not use abbreviations or insurance codes.** (attach 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. Limitation of activities of daily living: \_\_\_\_\_

c. Residual functionality: \_\_\_\_\_

d. Social and behavioral limitations, if any: \_\_\_\_\_

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

I certify that, in my best professional judgment, the individual identified above is unable to attend school or work and earn money because of an injury or illness that is expected to continue indefinitely or result in death. I understand that an individual who is currently able to attend school or who is expected to be able to work and earn money, even on a limited basis, is not considered to have a total and permanent disability.

I am a doctor of (check one)  medicine  osteopathy and legally authorized to practice in the state of \_\_\_\_\_.

My professional license no. is \_\_\_\_\_.

(Subject to verification through State records.)

Physician's Signature (a signature stamp is not acceptable)		Date	Printed Name of Physician
Address		City, State, Zip	
( ) Telephone	( ) Fax (optional)	E-mail address (optional)	

**SECTION 4: INSTRUCTIONS FOR COMPLETING THE FORM**

**Type or print in dark ink.** A representative may sign on your behalf in Section 2 if you are unable to do so because of your disability. Have Section 3 completed and signed by [ ] a doctor of medicine or osteopathy.

**SECTION 5: DEFINITIONS**

- The New Jersey College Loan To Assist State Students (NJCLASS) Loan Program is a state supplemental loan program authorized under N.J.S.A. 18A:71C-21et seq.
- The holder of the NJCLASS Loan is the New Jersey Higher Education Student Assistance Authority.
- A **discharge** due to a total and permanent disability cancels a individual's obligation to repay the remaining outstanding principal and accrued interest on a NJCLASS Program Loan. Although an individual's repayment responsibility may be discharged on the basis of a total and permanent disability, remaining parties on the loan may still be required to repay the obligation.
- Total and Permanent Disability as used for the student borrower means the condition of a student borrower who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. A student borrower shall be considered totally and permanently disabled even if the student borrower continues to receive an equal or greater amount of income from the source of income that was used to meet the minimum income requirements at the time the loan was approved. For all other parties to the loan, totally and permanently disabled means the condition of any individual who is unable to attend school or work and earn money because of an injury or illness that is expected to continue indefinitely or result in death. An individual is not considered totally and permanently disabled if he or she continues to receive an equal or greater amount of income from the source of income that was used to meet the minimum income requirements at the time the loan was approved. An individual is not considered totally and permanently disabled on the basis of a condition that existed at the time he or she applied for a NJCLASS loan, unless the individual's condition has substantially deteriorated later, so as to render the individual totally and permanently disabled. Note: This standard may be different from standards used under other private and public programs in connection with occupational disability or eligibility for social service benefits.
- If the borrower becomes totally and permanently disabled and the borrower is the only obligor on the note, the borrower's legal obligation to repay the loan is forgiven. If there are other borrowers or cosigners for the loan, the other borrowers or cosigners are legally obligated to repay the loan. If the student borrower becomes totally and permanently disabled, and the if the student borrower's parent or guardian cosigned the loan, the student borrower and parent/guardian's obligation on the loan is discharged.
- If you are granted a cancellation due to total and permanent disability, you are not eligible for future NJCLASS Loans unless you (1) obtain a certification from a physician that your condition has improved and you are able to engage in substantial gainful activity and (2) sign a statement acknowledging that the NJCLASS loan the applicant receives cannot be canceled in the future on the basis of any impairment present when the new NJCLASS loan is made, unless that impairment substantially deteriorates. If the applicant is not the student, and the student has had any loan amount canceled due to the student's total and permanent disability, the student on whose behalf another individual is applying for an NJCLASS loan must obtain the physician certification as to the student's improvement and sign the statement limiting future cancellation on the basis of the student's present impairment.
- **State** includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the 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: LOAN DISCHARGE PROCESS / TERMS AND CONDITIONS FOR LOAN DISCHARGE**

1. After receiving your Total and Permanent Disability Discharge Request form, you will be sent a letter acknowledging receipt of your application. HESAA will review your application for loan discharge. Based on the results of this review, HESAA will make a determination on your application. If the Total and Permanent Discharge Request form is received from a student borrower, no payments will be required during the review period, however interest will continue to accrue.
2. If additional information is needed, you will have 90 days from the date of the request to provide the information. If the requested information is not provided, your application will be closed.
3. If HESAA determines that you have a total and permanent disability, you will be notified that a discharge has been granted, and you will not be responsible for any further repayment of principal and interest on the NJCLASS loan. If there are other obligors on the loan, they will be responsible for repayment. If the student borrower is approved for Total and Permanent Disability Discharge, and the student borrower's parent or guardian cosigned the loan, the loan obligation for the parent or guardian will be discharged.
4. If HESAA determines that you do not have a total and permanent disability, you will be notified of that determination and you will continue to be responsible for repayment of your loan(s).
5. If you meet the conditions described in Section 5, HESAA will grant a discharge of your loan(s) and the discharge will be reported to credit bureaus.

**NOTE:** A physician cannot certify that you have a total and permanent disability if, at the time of the physician's certification, you are able to attend school or work and earn money in any capacity.

**SECTION 7: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

*Send the completed loan discharge application and any attachments to:*

HESAA  
P.O. Box 544  
Trenton, NJ 08625 -0544

*If you need help completing the form, please call 1-800-792-8670, Option 2, for assistance.*

**SECTION 8: IMPORTANT NOTICES**

Privacy Act Notice

Disclosure of your Social Security Number (SSN) is required to participate in the NJCLASS Program.

The authority for collecting the requested information from and about you is N.J.S.A. 18A:71C-21 et seq.

The principal purpose of this information is to verify your identity, to determine your Program eligibility and benefits, to permit the servicing of your loan(s) and, in the event it is necessary, to locate you and to collect on your loan(s) if it becomes delinquent or defaulted throughout the life of your loan(s).

The routine uses of this information include its disclosure to Federal, State, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to guaranty agencies, to credit bureau organizations, to educational and financial Institutions, and to agency contractors in order to verify your identity, to determine your Program eligibility and benefits, to permit the servicing or collecting of your loan(s), to counsel you in repayment efforts, to investigate possible fraud and to verify compliance with Program regulations.