



DISCHARGE APPLICATION: TOTAL AND PERMANENT DISABILITY

REQUEST FOR DISCHARGE OF LOAN REPAYMENT OF HARVARD INSTITUTIONAL LOANS

NOTE: Discharge will not be considered until this form is properly certified and returned to the HARVARD UNIVERSITY STUDENT LOAN OFFICE.

Please submit this form as soon as you are eligible for a disability deferment.

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.

READ THIS FIRST: This is an application for a total and permanent disability discharge of your student loan account with Harvard University.

To qualify for this discharge (except for certain veterans as explained below), a physician must certify in Section 4 of this form 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 **(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. This disability standard may differ from disability standards used by other federal agencies (for example, the Social Security Administration) or state agencies. Except as noted below for certain veterans, a disability determination by another federal or state agency does not establish your eligibility for this discharge.

If you are a veteran, you will be considered totally and permanently disabled for purposes of this discharge if you provide documentation from the U.S. Department of Veterans Affairs (VA) showing that you have been determined to be **unemployable due to a service-connected disability**. If you provide this documentation, you are **not** required to have a physician complete Section 4 of this form or provide any additional documentation related to your disabling condition. You only need to complete Sections 1 and 3.

SECTION 1: APPLICANT IDENTIFICATION

Please enter or correct the following information.

SSN - -

Name

Address

City, State, Zip Code

Telephone - Home ()

Telephone - Other ()

E-mail Address (Optional)

SECTION 2: INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS APPLICATION

- Type or print in dark ink. Enter your name and Social Security Number at the top of page 2 (if not preprinted).
- Have a doctor of medicine or osteopathy complete and sign Section 4, unless you are a qualifying veteran (see the next bullet).
- If you are a veteran who has received a determination from the VA that you are **unemployable due to a service-connected disability**, attach documentation of this determination. You are not required to have a physician complete Section 4. **If you do not have documentation showing that you are unemployable due to a service-connected disability and cannot obtain this documentation, you must have a physician complete Section 4.**
- Sign and date the application in Section 3. A representative may sign on your behalf if you are unable to do so because of your disability.
- Make sure that Sections 3 and (if applicable) 4 include all requested information. Incomplete or inaccurate information may cause your application to be delayed or rejected.
- Send the completed application with any necessary attachments to the address shown below.

IMPORTANT: You must submit this application to our office within 90 days of the date of your physician's signature in Section 4. See Section 3 for address and contact information.

(NOTE TO VETERANS: This requirement does not apply if you are a veteran who provides the documentation described above under "READ THIS FIRST.")

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

Before signing, carefully read the entire application, including the instructions in Section 2 and other information on the following pages.

I **request** that the University discharge my institutional loan(s) 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 holder(s) of my loan(s) and/or to the Department.

I **understand** that (i) I must submit a separate discharge application to each holder of the loan(s) that I want to have discharged. Unless I am a veteran who provides the documentation described above under "READ THIS FIRST," I must submit a discharge application to each loan holder and/or the University within 90 days of the date of my physician's signature in Section 4. (ii) Unless I am a veteran who provides the documentation described above under "READ THIS FIRST," I may be required to repay a discharged loan if I fail to meet certain requirements during a post-discharge monitoring period, as explained in Section 6. (iii) If I am a veteran, the certification by a physician on this form (if I am required to obtain such a certification) is only for the purposes of establishing my eligibility to receive a discharge of an institutional loan and is not for purposes of determining my eligibility for, or the extent of my eligibility for, VA benefits.

I **certify that:** (i) I have a total and permanent disability, as defined in Section 5. (ii) 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 as explained in Sections 6 and 7.

Signature of Applicant or Applicant's Representative

Date

Printed Name of Applicant's Representative (if applicable)

Address of Applicant's Representative (if applicable)

Representative's Relationship to Applicant (if applicable)

Send the completed discharge application and any attachments to:

Harvard University Student Loan Office
Richard A. and Susan F. Smith Campus Center 801
1350 Massachusetts Avenue
Cambridge, MA 02138
617-495-1858 (fax)

If you need help completing this form, call:

Harvard University Student Loan Office
800-343-5500 or 5501/617-495-1516
student_loans@harvard.edu

SECTION 4: PHYSICIAN'S CERTIFICATION

READ THIS FIRST: The applicant identified above is applying for a discharge of an institutional student loan 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 in Section 5) by reason of 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. 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 establish the applicant's eligibility for this loan discharge.

Instructions for Physician:

- 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.
- **Type or print in dark ink. 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.
- 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 holder(s) of the applicant's loan(s) (as defined in Section 5) may contact you for additional information or documentation.

1. Ability to Engage in Substantial Gainful Activity. Does the applicant have a medically determinable physical or mental impairment (as explained in Item 2 below) 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? No Yes

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."*

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

2. Disabling Condition. Complete the following regarding the applicant's disabling physical or mental impairment. **Do not use abbreviations or insurance codes.**

(a) Provide the diagnosis: _____

(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, (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 of _____,

and my professional license number is _____ (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 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, 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**.

NOTE: This disability standard may differ from disability standards used by other federal agencies (for example, the Social Security Administration) or state agencies. Except in the case of certain veterans, a disability determination by another federal or state agency does not establish your eligibility for a discharge of your loan(s) 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 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 Harvard University institutional program loans.

The **post-discharge monitoring period** begins on the date our office grants a discharge of your loan service obligation and may last for up to three years. If you fail to meet certain conditions at any time during or at the end of the post-discharge monitoring period, our office will reinstate your obligation to repay your discharged loan.

The term "**state**" as used on this application 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.

SECTION 6: DISCHARGE PROCESS / ELIGIBILITY REQUIREMENTS / TERMS AND CONDITIONS FOR DISCHARGE

NOTE: If you are applying for discharge of loans that are held by our office, the discharge process begins with the review as described below.

For veterans who have been determined by the VA to be unemployable due to a service-connected disability:

1. **Review of discharge application by the University.** The University will review your completed discharge application and the required documentation you provide from the VA. If the documentation from the VA does not indicate that you are totally and permanently disabled, you will be notified that you must resume payment of your loan(s). If the documentation from the VA does not indicate that you are totally and permanently disabled in accordance with paragraph (2) of the definition of "total and permanent disability," but it indicates that you may be totally and permanently disabled in accordance with paragraph (1) of the definition, you will be notified that you may reapply for discharge under the process for other applicants, as described below.
2. **Discharge.** If the University determines that you are totally and permanently disabled, you will be notified that your loan(s) has been discharged. The discharge will be reported to national consumer reporting agencies, and any loan payments received 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 the University determines that you are not totally and permanently disabled, you will be notified that you must resume repayment of your loan(s).

For all other applicants:

1. **Review of discharge application by the University.** The University will review the physician's certification in Section 4 and any accompanying documentation to determine if you are totally and permanently disabled in accordance with paragraph (1) of the definition of "total and permanent disability" in Section 5. The Department may also contact your physician for additional information, or may arrange for an additional review of your condition by an independent physician at the University's expense. Based on the results of this review, the University will determine your eligibility for discharge.
2. **Discharge.** If the University determines that you are totally and permanently disabled, you will be notified that a discharge has been granted, and that you will be subject to a post-discharge monitoring period for up to three years beginning on the discharge date. The notification of discharge will explain the terms and conditions under which the University will reinstate your obligation to repay your discharged loan as described in Item 4, below. The discharge will be reported to national consumer reporting agencies, and any loan payments that were received after the date the physician certified your discharge application will be returned to the person who made the payments. If the University determines that you are not totally and permanently disabled, you will be notified of that determination. You must then resume repayment of your loan(s).
3. **Post-discharge monitoring period.** If you are granted a discharge, the University will monitor your status during the post-discharge monitoring period that begins on the date the discharge is granted. The University will reinstate your obligation to repay your discharged loan(s) if, at any time during the post-discharge monitoring period, you:
 - Receive annual earnings from employment that exceed the poverty line amount (see Note below) for a family of two in your state, regardless of your actual family size;
 - Receive a new loan under the University Loan Program; or
 - Fail to ensure that a loan disbursement was returned to the loan holder 120 days of the disbursement date, that was made before the discharge date, but was disbursed during the post-discharge monitoring period.

SECTION 6: DISCHARGE PROCESS / ELIGIBILITY REQUIREMENTS / TERMS AND CONDITIONS FOR DISCHARGE

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

- Promptly notify the University if your annual earnings from employment exceed the poverty line amount for a family of two in your state (see Note below), regardless of your actual family size;
- Promptly notify the University of any changes in your address or telephone number; and
- If requested, provide the University with documentation of your annual earnings from employment.

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

5. Reinstatement of obligation to repay discharged loans. If you do not meet the requirements described above in Item 4 at any time during or at the end of the post-discharge monitoring period, the University will reinstate your obligation to repay your discharged loan(s). If you received a discharge of your loan(s), this means that you will be responsible for repaying your loan(s) in accordance with the terms of your promissory note(s). However, you will not be required to pay interest on your loan(s) for the period from the date of the discharge until the date your repayment obligation was reinstated. The University will continue to be your loan holder. If your obligation to repay a loan is reinstated, the University 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 following the reinstatement will be no earlier than 60 days following the notification of reinstatement; and
- Information on how you may contact the University if you have questions about the reinstatement, or if you believe that your obligation to repay a loan obligation was reinstated based on incorrect information.

SECTION 7: ELIGIBILITY REQUIREMENTS TO RECEIVE FUTURE LOANS

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 granted a **discharge** based on a determination that you are totally and permanently disabled in accordance with paragraph (2) of the definition of “total and permanent disability” in Section 5, you are not eligible to receive future loans under the University loan programs 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 obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan 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, you are not eligible to receive future loans under the University loan programs 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 obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled; and
- If you request any loans with the University within three years of the date that a previous loan was discharged, you resume payment on the previously discharged loan or acknowledge that you are once again subject to the terms of the loan program 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 University Loans 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 loan, to receive a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness), to permit the servicing of your loan(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, 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, 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, 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. The valid OMB control number for this information collection is 1845-0065. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection.

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Harvard University Student Loan Office, Richard A. and Susan F. Smith Campus Center 801, 1350 Massachusetts Avenue, Cambridge, MA 02138, Attn: Collections Department

If you have comments or concerns regarding the status of your individual submission of this form, please contact our office.