



# 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: BORROWER IDENTIFICATION**

	Please enter or correct the following information. SSN         -         -             Name Address City, State, Zip Telephone - Home (     ) Telephone - Other (     ) E-mail address (optional)
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**SECTION 2: BORROWER DISCHARGE REQUEST**

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

**Borrower Request, Authorization, Understandings, and Certifications**

I request that the New Jersey Higher Education Student Assistance Authority (HESAA) discharge my 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 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:10-6-17. 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.

Signature of Borrower or Borrower's Representative	Date	Printed Name of Borrower's Representative (if applicable)
Address of Borrower's Representative (if applicable)		Representative's Relationship to Borrower (if applicable)

**SECTION 3: PHYSICIAN'S CERTIFICATION**

**Instructions for Physician:** The borrower identified above is applying for discharge 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 borrower's condition meets the definition of total and permanent disability pursuant to N.J.A.C. 9A:10-6.17(c). Provide all requested information and attach additional pages if necessary. Type or print in dark ink. Please return the completed form to the borrower or the borrower'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 borrower's loan(s) may be different from standards used under other programs in connection with occupational disability or eligibility for social service benefits.

1. Diagnosis/explanation of the borrower's present medical condition (identify the borrower's condition and explain how it prevents the borrower from working and earning money in any capacity, or attending school). Do not use abbreviations or insurance codes.

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2. When did the borrower's medical condition begin? (MM-DD-YYYY) | | | | - | | | | - | | | | | |

3. a. Does this medical condition prevent the borrower from being able to attend school or work and earn money in any capacity?  Yes  No  
 b. If Yes, when did the borrower become unable to attend school or work and earn money in any capacity?  
 (MM-DD-YYYY) | | | | - | | | | - | | | | | |

I certify that, in my best professional judgment, the borrower 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 a borrower 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 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-21 et seq.
- The holder of the New Jersey College Loans to Assist State Students (NJCLASS) Loans is the New Jersey Higher Education Student Assistance
- A discharge due to a total and permanent disability cancels a borrower's obligation to repay the remaining outstanding principal and accrued interest on a NJCLASS Program Loan.
- Total and Permanent Disability means that a borrower 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. A borrower 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 borrower's condition has substantially deteriorated later, so as to render the borrower 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.
- A total and permanent disability discharge cancels your obligation to repay the remaining balance on your NJCLASS Program Loan.
- According to the terms of the NJCLASS Loan Program Promissory Note, if the student becomes totally and permanently disabled and the student is not the borrower, the borrower still has the legal obligation to repay the loan. 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 is a cosigner for the loan, the cosigner is legally obligated to repay the loan. If there is a co-borrower or joint cosigner, the co-borrower or joint cosigner is legally obligated to repay the loan if the borrower or the cosigner becomes totally and permanently disabled.
- 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 borrower is applying for an NJCLASS 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.

**SECTION 6: LOAN DISCHARGE PROCESS / TERMS AND CONDITIONS FOR LOAN DISCHARGE**

1. After receiving your Total and Permanent Disability Discharge Request form, HESAA will review the physician's certification in Section 3 and other information relating to your application for loan discharge. Based on the results of this review, HESAA will make a determination on your application. If HESAA determines that you have a total and permanent disability, you will be notified that a discharge has been granted, and any further repayment of principal and interest on the NJCLASS loan will be forgiven. If HESAA determines that you do not have a total and permanent disability, you will be notified of that determination and you must resume repayment of your loan(s).
2. 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  
Attention: Servicing and Collections Unit

If you need help completing the form, please call 1-800-792-8670, Option 3.

**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.