



NJCLASS (New Jersey College Loans To Assist State Students)

TOTAL AND PERMANENT DISABILITY LOAN DISCHARGE REQUEST

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: INSTRUCTIONS FOR COMPLETING THE FORM

Type or print in dark ink. A representative may sign on your behalf in Section 3 if you are unable to do so because of your disability. Have Section 4 completed and signed by a doctor of medicine or osteopathy, unless you are providing documentation from the VA.

SECTION 2: INDIVIDUAL IDENTIFICATION

Please enter the following information: Check this box if any of your information has changed

Last four digits of SSN |__|__|__|__|

Name: _____

Address: _____

City, State, Zip: _____

Telephone – Cell: _____

Telephone – Other: _____

E-mail address (optional): _____

SECTION 3: INDIVIDUAL SIGNATURE SECTION

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

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. If I am the student beneficiary of an NJCLASS loan, I am requesting that HESAA discharge repayment responsibility for all parties to the loans.

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 understand that if I am a veteran who has received a determination from the U.S. Department of Veteran Affairs (VA) that I am unemployable due to a service-connected disability, I am not required to have a physician complete Section 4 of this form if I provide HESAA with a copy of the VA determination documentation defined in Section 5 of this form.

I understand that this request, if approved, will terminate any HESAA re-occurring Automatic Clearinghouse (ACH) payment arrangement currently in place.

I understand that if I provide HESAA with my cell phone number, the number for any other wireless device or any service for which the called party is charged for the call at any time I am providing HESAA and their agents and contractors with express written consent to contact me on that number, both directly and with automatic dialing systems, by human operators and/or artificial or prerecorded voice or text messages with regards to the status of my application, award, or account for any HESAA grant, scholarship, college savings, loan or any other program administered by HESAA. I understand that my consent is not a condition of purchase of any good or service, or a condition of eligibility for, or receipt of, funding under any of above mention HESAA programs.

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.

Signature of Individual or Individual's Representative:

Date:

Printed Name of Individual's Representative (if applicable)

Relationship:

Address of Individual's Representative (if applicable)

SECTION 4: 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.** 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 (Circle One)

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

SECTION 4: PHYSICIAN'S CERTIFICATION Continued

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 number is _____ (Subject to verification through State records.)

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

SECTION 5: DEFINITONS, INSTRUCTIONS AND REQUIRED DOCUMENTATION

HESAA means the New Jersey Higher Education Student Assistance Authority. HESAA is the holder of the NJCLASS Loan Program loans.

NJCLASS Loan Program means the New Jersey College Loans To Assist State Students loan program, a state supplemental loan program authorized under N.J.S.A. 18A:71C-21et seq.

Student Beneficiary is defined as the student whose education was financed by the NJCLASS Loans for which forgiveness is being sought. In the case of NJCLASS Consolidation Loans and NJCLASS ReFi+ Loans, the student beneficiary is the student whose education was financed by the underlying loans that were consolidated or refinanced.

Student Borrower is defined as the person whose education was financed by the NJCLASS Loans for which forgiveness is being sought **and** who accepted the loans as the "Borrower" on the Promissory Note. In the case of NJCLASS Consolidation Loans and NJCLASS ReFi+ Loans, the student borrower is the person whose education was financed by the underlying loans that were consolidated or refinanced **and** who accepted the underlying loans as the "Borrower" on the Promissory Notes.

A **discharge** due to a total and permanent disability cancels an 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 beneficiary means the condition of a student beneficiary 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.

An individual may also be deemed totally and permanently disabled for the NJCLASS program if the individual is a veteran who has been determined by the U.S. Department of Veterans Affairs to be unemployable due to a service-connected disability. Documentation of one of the following two types of VA disability determination must be submitted in place of the physician's certification in Section 4: 1) determination of a service-connected disability (or disabilities) that is 100% disabling; or 2) determination based on an individual unemployability rating. An individual is not eligible for a discharge based on a VA disability determination if the disability is not service-connected.

In a NJCLASS Consolidation or ReFi+ loan where a parent borrower consolidates or refinances underlying loans for more than one student into one new loan, if one of the students becomes totally and permanently disabled the remaining portion of the original underlying loans associated with the deceased/disabled student will be discharged. The borrower remains responsible for repaying the remaining balance of the loan associated with the underlying loans for the other students.

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 beneficiary becomes totally and permanently disabled, the obligation of all remaining parties on the loan is discharged.

If you are granted a cancellation due to your own 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 you

receive 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 any NJCLASS loan amount is canceled due to a student beneficiary's total and permanent disability, that student is not eligible for future NJCLASS Loans, as a party or beneficiary, unless he or she obtains the physician certification as to his or her improvement and signs the statement limiting future cancellation on the basis of his or her 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: TOTAL AND PERMANENT DISABILITY LOAN DISCHARGE REQUEST PROCESS

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 beneficiary, no payments will be required during the review period, however interest will continue to accrue.
2. If additional information is needed, you will have 60 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 beneficiary is approved for Total and Permanent Disability Discharge, the obligation of all remaining parties to the loans 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: HESAA SECTION

Approved: _____

Denial Reason: _____ Date: _____

SECTION 8: SUBMIT FORM

Send the completed application and any attachments to:

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

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

SECTION 9: 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.