



# NJCLASS

(New Jersey College Loans To Assist State Students)

## TEMPORARY TOTAL DISABILITY - LOAN DEFERMENT 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 2 if you are unable to do so because of your disability. Have Section 4 completed and signed by a doctor of medicine or osteopathy.

### SECTION 2: INDIVIDUAL IDENTIFICATION

Please enter the following information:

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

Name:

Address:

City, State, Zip:

Telephone – Home:

Telephone – Other:

E-mail address (optional):

### SECTION 3: INDIVIDUAL DISCHARGE REQUEST

**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) place my NJCLASS loans into a temporary total disability deferment status.

I authorize any physician, hospital, or other institution having records about the disability that is the basis for my request for a loan deferment to make information from these records available to the holder(s) of my loan(s). I understand that this deferment 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 I am an eligible student borrower, no payments will be required during this deferment period and no interest will accrue during the deferment. I understand that if I am not an eligible student borrower, interest will continue to accrue on the NJCLASS loan and I will be responsible for payment of interest during the deferment, unless approved for a deferment of payment of both principal and interest.

I certify that I have read, understand, and meet the eligibility criteria for a temporary total disability, as defined in section 5 of this form. 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 4: PHYSICIAN'S CERTIFICATION**

**Instructions for Physician:** The individual identified on the previous page is applying for a deferment of his/her NJCLASS education loan(s) based on a temporary total 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, as defined below, and if the individual's condition meets the definition of temporarily totally disabled pursuant to Section 5 of this form. 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. A HESAA representative may contact you for additional information or documentation.

**Note:** The standard for determining temporarily totally disabled for NJCLASS loans may be different from standards used under other programs in connection with occupational disability or eligibility for social service benefits. See the definition of Temporarily Totally Disabled for NJCLASS loans in Section 5.

As of the date of this certification is the individual unable to attend school due to a medical condition?  Yes  No  
As of the date of this certification is the individual unable to work and earn money in any capacity?  Yes  No  
What is the diagnosis/explanation of the individual's medical condition? \_\_\_\_\_  
\_\_\_\_\_

Are there any limitations on sitting, standing, walking or lifting?  Yes  No  
Are there any limitations on activities of daily living?  Yes  No  
Are there any limitations on residual functionality?  Yes  No  
Are there any social and/or behavior limitations?  Yes  No  
For psychiatric conditions, what is the current Global Assessment Function Score? \_\_\_\_\_

Explain in detail the how the medical conditions and limitations listed above prevent the applicant from working and earning money in any capacity or attending school. Please include all information that you believe would be helpful in understanding the applicant's condition, such as medications, surgeries and treatments. Please do not use abbreviations or insurance codes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected date the individual will be able to return to work or attend school  
(MM-DD-YYYY) |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|

**I certify that, in my best professional judgment, the individual identified above is unable to attend school or work and earn money because of a temporary injury or illness. I understand that an individual who is currently able to attend school or who is able to work and earn money, even on a limited basis, is not considered to be temporarily totally disabled.**

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
Address		City, State, Zip	
Telephone	Fax (optional)	E-mail address (optional)	

## SECTION 5: DEFINITIONS

**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.

**Representative** means a member of the applicant's family, the applicant's attorney, a law firm or legal aid society, or another individual or organization authorized to act on the applicant's behalf in connection with this temporary total disability deferment request form.

**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.

**Temporarily totally disabled** means that an individual is unable to work and earn money or attend school during a period needed to recover from injury or illness. Other than a student borrower, an individual shall not be considered temporarily totally 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 employed person being paid for sick days from work is not temporarily totally disabled.

**Temporary total disability deferment** means that payments may be deferred during periods of temporary total disability as defined above.

- If an eligible student borrower is approved for a temporary total disability deferment, no payments will be required during the deferment period and interest will not accrue
- If the individual approved for a temporary total disability deferment is not an eligible student borrower, interest will continue to accrue on the loan(s) during the deferment period, and payment of interest is required, unless the individual is approved for a deferment of both principal and interest payment. If both principal and interest payments are deferred during the deferment period, any accrued interest will be capitalized at the end of the deferment period.
  - A higher monthly payment may be required after the expiration of a deferment period in order to amortize the loan balance within the remaining months of the repayment term.
  - If a party other than an eligible student borrower qualifies for this deferment it will only be granted if all other parties to the loan qualify for a deferment.

## SECTION 6: TEMPORARY TOTAL DISABILITY DEFERMENT PROCESS

1. The Temporary Total Disability Deferment Request Form must be submitted to HESAA within 30 days of the date the physician signs the form.
2. Upon receipt of the Total Disability Deferment Request Form, HESAA will send you a letter acknowledging receipt and will review your application to determine eligibility.
3. If additional information is needed to evaluate a request for a Temporary Total Disability Deferment, HESAA will advise you as to what additional documentation you will need to submit.
4. Interest will continue to accrue and payments will continue to be due during the review period.
5. HESAA will notify you in writing advising whether or not the Temporary Total Disability Deferment has been approved.
6. If the Temporary Total Disability Deferment is approved for an eligible student borrower, no payments will be required during the deferment period, and no interest will accrue during the deferment period.
7. If the Temporary Total Disability Deferment Request is approved for an individual other than an eligible student borrower, interest will continue to accrue on the loan(s) and interest payments will be required during the deferment period, unless the individual is approved for a deferment of both principal and interest payments. If both principal and interest payments are deferred, any interest that accrues will be capitalized at the end of the deferment period. A higher monthly payment may be required following the expiration of the deferment period in

order to repay the loan within the remaining months of the repayment term. The repayment term will not be extended.

8. Upon approval, the deferment start date will be backdated to the date of your physician's signature on this form. The Temporary Total Disability Deferment approval covers a period not to exceed six months. If the injury or illness continues to exist beyond six months, preventing the individual from working or attending school, a new Temporary Total Disability Request form, signed by the certifying physician, must be submitted to HESAA.
9. Maximum allowable time periods for all deferments except full-time and half-time study at an eligible institution, temporary total disability of an eligible student borrower and active duty in the armed forces, shall not exceed six months for loans with a 10-year repayment term, 18 months for loans with a 15-year repayment term, 24 months for loans with a 20-year repayment term, 30 months for loans with a 25-year repayment term, and 36 months for loans with a 30-year repayment term for an unemployment deferment.

**SECTION 7: SUBMIT FORM**

*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.