

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Bureau of Health Professions

**Public Health Service**

**Health Resources and  
Services  
Administration  
Rockville MD 20857**

To: Lenders, Holders and Servicers Participating in the Health Education Assistance  
Loan (HEAL) Program

Subject: Amendment to the Total and Permanent Disability Process Memorandum L-95-10  
Lender Policy Memorandum L-96-8

The purpose of this policy memorandum is to notify HEAL lenders that the Department of Health and Human Services is amending the procedures to determine the total and permanent disability status of a borrower. The "Physician's Certification of Borrower's Total and Permanent Disability" form was included in lender policy memorandum L-95-10 as a suggested form. The form has been approved by the Office of Management and Budget with slight modification and is now an official form.

The notable changes to the form are as follows:

1. Section II of the form, items 4, 5 and 6 are made optional; and
2. Note to certifying physician is eliminated.

Due to these changes, attachment "A" of policy memorandum L-95-10 has been amended. Step two, item "B" will read as follows:

- B. provide a copy of all your complete medical and/or hospital records.  
(include copies of all pertinent past medical records, a prognosis, the date and nature  
of onset of condition, the current medications and a rehabilitation plan)

Excluding the above changes, the other parts of the process will remain the same. We have enclosed copies of the revised "Physician's Certification of Borrower's Total and Permanent Disability" form and attachment "A". Please start using the revised form and begin following the new procedures described in attachment "A", effective immediately.

If you have any questions concerning the disability process, please contact Ms. Lorraine Evans of the Office for Campus Based Programs, Division of Student Assistance at (301) 443-0785.

Stephen J. Boehlert  
Chief, HEAL Branch  
Division of Student Assistance

Enclosures

**ATTACHMENT A**

James H. Jones  
123 Main Street  
Anywhere, USA 11111

Dear Mr. Jones:

We received your request to discharge your Health Education Assistance Loan(s) (HEAL) due to total and permanent disability. To be considered for loan discharge, you must complete the enclosed forms and provide additional documentation within 60 days from the date of this letter. The documentation provided cannot be more than four months old (except for background information). Please follow these steps:

**STEP ONE:** Fill out the borrower's section of the Certification of Borrower's Total and Permanent Disability form.

**STEP TWO:** Ask your doctor to:

- A. complete and certify the Certification of Borrower's Total and Permanent Disability form; **and**
- B. provide a copy of your complete medical and/or hospital records. (include copies of all pertinent past medical records, a prognosis, the date and nature of onset of condition, the current medications and a rehabilitation plan)

**STEP THREE:** Return all requested information as soon as possible to:  
Student Loan Marketing Association  
????Address????

When we receive your documentation, we will forward your request to the Department of Health and Human Services (HHS) for consideration. Its medical review board will review your documents to determine your eligibility for discharge of your HEAL loans. Pending a response from HHS on your permanent and total disability status, we will suspend collection activities; however, interest will continue to accrue throughout the process.

You must complete your documentation within 60 days from the date of this letter, since the entire process may take from four to eight weeks.

If you have any questions or need help completing the forms, please call us toll-free at (800) 882-9500. Thank you.

Name  
Claims Department  
SLMA

Enclosure: Certification of Borrower's Total and Permanent Disability