



TDIS

TEMPORARY TOTAL DISABILITY DEFERMENT REQUEST

Federal Family Education Loan Program

USE THIS FORM ONLY IF YOU HAVE AN OUTSTANDING BALANCE ON A FEDERAL FAMILY EDUCATION LOAN PROGRAM LOAN THAT WAS MADE BEFORE JULY 1, 1993.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. §1097.

OMB No. 1845-0005
Form Approved
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SECTION 1: BORROWER IDENTIFICATION

Please correct or, if information is missing, enter below. If a correction, check this box:

SSN [] [] [] - [] [] [] - [] [] [] []

Name _____

Address _____

City, State, Zip _____

Telephone - Home () _____

Telephone - Other () _____

SECTION 2: DEFERMENT REQUEST

Before answering any questions, carefully read the entire form, including the instructions and other information in Sections 5 and 6. A representative may complete and sign this form on your behalf if you are unable to do so because of your disability.

I meet the qualifications stated in Section 6 on the following page for a Temporary Total Disability Deferment and request that my loan holder defer repayment on my loans while I am **TEMPORARILY TOTALLY DISABLED** or while I am unable to secure employment because I am caring for a spouse or dependent who is **TEMPORARILY TOTALLY DISABLED**. Check the appropriate box:

- I am disabled.
- I am taking care of my spouse or dependent who is disabled. (For spouse or dependent disability, provide the information requested below.)

Name of Spouse or Dependent _____ Relationship to Borrower _____

SECTION 3: BORROWER AUTHORIZATION, UNDERSTANDINGS AND CERTIFICATIONS

I authorize any physician, hospital, or other institution having records about the disability for which I am requesting a deferment of loan payments to make information from these records available to the holder of my loans.

I understand that: (1) Principal payments will be deferred, but if I have an unsubsidized loan, I am responsible for paying the interest that accrues.

(2) I have the option of making interest payments on my unsubsidized loan(s) during my deferment. I may choose to make interest payments by checking the box below; unpaid interest that accrues will be capitalized by my loan holder.

I wish to make interest payments on my unsubsidized loan(s) during my deferment.

(3) My deferment will begin on the date the deferment condition began. (4) My deferment will end on the earlier of the date that the condition that establishes my deferment eligibility ends or the certified deferment end date. (5) My deferment will last no more than six months after the date my physician certifies this request. (6) My loan holder will not grant this deferment request unless all applicable sections of this form are completed. (7) If my deferment does not cover all my past due payments, my loan holder may grant me a forbearance for all payments due before the begin date of my deferment or — if the period for which I am eligible for a deferment has ended — a forbearance for all payments due at the time my deferment request is processed. (8) If I am eligible for a post-deferment grace period on loans made before October 1, 1981, my loan holder may grant me a forbearance on my other loans for this period so that I can begin repayment of all my loans at the same time. I understand that my loan holder may capitalize the interest that accrues on my other loans during the six-month period and that this will increase the principal balance of my other loans. (9) My loan holder may grant me a forbearance on my loans for up to 60 days, if necessary, for the collection and processing of documentation related to my deferment request. Interest that accrues during the forbearance will not be capitalized. (10) If I am a veteran, the certification by a physician on this form is only for the purposes of establishing my eligibility to receive a deferment of a FFEL Program loan and is not for purposes of determining my eligibility for or the extent of my eligibility for Department of Veterans Affairs benefits.

I certify that: (1) The information I provided in Sections 1 and 2 above is true and correct. (2) I will provide additional documentation to my loan holder, as required, to support my deferment status. (3) I will notify my loan holder immediately when the condition(s) that qualified me for the deferment ends.

(4) I have read, understand, and meet the eligibility criteria of the deferment for which I have applied, as explained in Section 6.

Signature of Borrower or Borrower's Representative _____ Date _____

Name of Borrower's Representative (if applicable) _____ Relationship to Borrower _____

Address of Borrower's Representative _____

SECTION 4: PHYSICIAN'S CERTIFICATION

Instructions for physician: You are being asked to complete and sign this form to certify that the borrower or the borrower's spouse or dependent identified in Section 2 is temporarily totally disabled. You may complete this form **only** if you are a **doctor of medicine or osteopathy** legally authorized to practice. Sign the certification only if the disabled person's condition meets the definition of Temporary Total Disability in Section 6. Provide all requested information (you may attach additional pages). Report dates as month-day-year (MM-DD-YYYY).

The disabled person became unable to work and earn money or attend school, or required continuous nursing or similar care on [] [] [] - [] [] [] - [] [] [] [] . The disabling condition or care is expected to continue until [] [] [] - [] [] [] - [] [] [] [] .

Diagnosis of the disabled person's present medical condition: _____

If different from the date provided above, when did the disabled person's injury or illness begin? [] [] [] - [] [] [] - [] [] [] []

I certify that, in my best professional judgment, the borrower identified in Section 2 is unable to work and earn money or attend school for at least 60 days because of a medically determinable impairment, or the borrower's spouse or dependent identified in Section 2 requires continuous nursing or similar care for a period of at least 90 days. I am a **doctor of medicine or osteopathy** legally authorized to practice.

Physician's Signature _____ Date _____

Physician's Name (printed) _____ Telephone () _____

Address _____ City, State, Zip _____

SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Type or print using dark ink. Report dates as month-day-year (MM-DD-YYYY). For example, 'January 1, 1999' = '01-01-1999'. A doctor of medicine or osteopathy legally authorized to practice must complete Section 4. If you need help completing this form, contact your loan holder.

Return the completed form and any required documentation to the address shown in Section 7.

SECTION 6: DEFINITIONS / ELIGIBILITY CRITERIA FOR TEMPORARY TOTAL DISABILITY DEFERMENT REQUEST

Definitions

- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- A **deferment** is a period during which I am entitled to postpone repayment of the principal balance of my loan(s). The federal government pays the interest that accrues during an eligible deferment for all subsidized Federal Stafford Loans and for Federal Consolidation Loans for which the Consolidation loan application was received by my loan holder **(1)** on or after January 1, 1993 but before August 10, 1993, **(2)** on or after August 10, 1993, if it includes **only** Federal Stafford Loans that were eligible for federal interest subsidy, or **(3)** on or after November 13, 1997, for that portion of the Consolidation loan that paid a subsidized Federal Stafford Loan or a Federal Direct Stafford/Ford (Direct Subsidized) Loan. I am responsible for the interest that accrues during this period on all other FFEL Program loans.
- **Forbearance** means permitting the temporary cessation of payments, allowing an extension of time for making payments, or temporarily accepting smaller payments than previously scheduled. I am responsible for paying the interest on my loan(s) during a forbearance.
- The **holder** of my FFEL Program loan(s) may be a lender, guaranty agency, secondary market, or the U.S. Department of Education.
- **Capitalization** is the addition of unpaid interest to the principal balance of my loan. This will increase the principal and the total cost of my loan.
- The **physician** who completes Section 4 of this form must be a doctor of medicine or osteopathy legally authorized to practice.
- **Temporary Total Disability:** The disabled borrower must, because of injury or illness, be unable to work and earn money or go to school for at least 60 days in order to recover. If the disabled person is the borrower's spouse or dependent, the disabled person must require at least 90 days of continuous nursing or similar care from the borrower. An uncomplicated pregnancy is **not** a qualifying condition for a pregnant borrower, or for a borrower caring for a spouse or dependent with an uncomplicated pregnancy.

Eligibility Criteria

- To qualify for a Temporary Total Disability Deferment, I must have an outstanding balance on at least one FFEL Program loan which was made **before July 1, 1993**.
- I may defer repayment of my loan(s) while I am, or my spouse or dependent is, **TEMPORARILY TOTALLY DISABLED**. (Maximum eligibility is three years. Eligibility must be recertified every six months). To qualify:
 - (1) I must be unable to work and earn money or go to school for at least 60 days in order to recover from an injury or illness.
 - (2) I must not be requesting this deferment based on a condition that existed before I applied for my loan(s) (underlying loan(s) in the case of a Consolidation loan), unless my condition has since substantially deteriorated, and I am now temporarily totally disabled.
 - (3) I must not be requesting this deferment based on an uncomplicated pregnancy (either my pregnancy, or my spouse's or dependent's uncomplicated pregnancy).
 - (4) If I am requesting this deferment based on the disability of my spouse or dependent, my spouse or dependent must have an injury or illness that requires at least 90 days of continuous nursing or similar care from me, which prevents me from securing full-time employment of at least 30 hours per week in a position expected to last at least three months.
 - (5) I understand that my physician (or my spouse's or dependent's physician) must recertify this condition every six months to continue this deferment.

SECTION 7: WHERE TO SEND THE COMPLETED DEFERMENT REQUEST

**RETURN THE COMPLETED DEFERMENT REQUEST AND ANY REQUIRED DOCUMENTATION TO:
(IF NO ADDRESS IS SHOWN, RETURN TO YOUR LOAN HOLDER)**

SECTION 8: IMPORTANT NOTICES

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C. §552a) requires that we disclose to you the following information:

The authority for collecting this information is §421 *et seq.* of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. §1071 to 1087-2). The principal purpose for collecting this information is to determine whether you are eligible for a deferment on your loan(s) under the Federal Family Education Loan (FFEL) Program.

We ask that you provide the information requested on this deferment request on a voluntary basis. However, you must provide all of the requested information so that the holder(s) of your loan(s) can determine whether you qualify for a deferment.

The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, *Federal Register*, Vol. 59, p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, *Federal Register*, Vol. 59, p. 65532). Thus, this information may be disclosed to parties that we authorize to assist us in administering the federal student aid programs, including contractors that are required to maintain safeguards under the Privacy Act. Disclosures may also be made for verification of information, determination of eligibility, enforcement of conditions of the loan or grant, debt collection, and the prevention of fraud, waste, and abuse and these disclosures may be made through computer matching programs with other federal agencies. Disclosures may be made to determine the feasibility of entering into computer matching agreements. We may send information to members of Congress if you ask them in writing to help you with federal student aid questions. If we are involved in litigation, we may send information to the Department of Justice (DOJ), a court, adjudicative body, counsel, or witness if the disclosure is related to financial aid and certain other conditions are met. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for consideration of action and we may disclose to DOJ to get its advice related to the Title IV, HEA programs or questions under the Freedom of Information Act. Disclosures may be made to qualified researchers under Privacy Act safeguards. In some circumstances involving employment decisions, grievances, or complaints or involving decisions regarding the letting of a contract or making of a grant, license, or other benefit, we may send information to an appropriate authority. In limited circumstances, we may disclose to a federal labor organization recognized under 5 U.S.C. Chapter 71.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. §1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

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 1845-0005. The time required to complete this information collection is estimated to average 0.16 hours (10 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:***

U.S. Department of Education, Washington, DC 20202-4651.

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown in Section 7.