



Total and Permanent Disability Conditional Discharge Application

READ THIS FIRST: This is an application for total and permanent disability conditional discharge of your RI Family Education Loan, Collegebound Loan, RISLA Student Loan and/or RISLA Refinancing Loan* for which I am the student borrower and/or the RISLA Parent Loan for which I am the benefiting student.

Pre-Existing conditions prior to borrowing with Rhode Island Student Loan Authority (RISLA) are not eligible for Total and Permanent Disability Discharge.

To qualify for this conditional discharge (except for certain veterans), you must provide documentation from your Federal Loan Servicer showing there has been a three-year conditional discharge of your federal loans due to Total and Permanent Disability. If you do not have federal loans, you must submit a physician's certificate form (which we will provide to you) certifying that you have a total and permanent disability as defined in the next paragraph.

For purposes of this application, a **total and permanent disability** means that you are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that (1) can be expected to result in death; or (2) has lasted for a continuous period of not less than 60 months; or (3) can be expected to last for a continuous period of not less than 60 months.

If you are a veteran, you will be considered totally and permanently disabled for purposes of this discharge if you provide documentation from the U.S. Department of Veterans Affairs (VA) showing you have been determined to be **unemployable due to a service-connected disability**.

***Must be the student borrower on the underlying loans refinanced**

Section 1: BORROWER INFORMATION

Social Security Number: _____

Name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone#: _____

Cell Phone#: _____

Date of Birth: _____

Email Address: _____



Section 2: INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS APPLICATION

- Complete all sections of this application in ink.
- Provide documentation from your Federal Loan Servicer showing there has been a three-year conditional discharge due to Total and Permanent Disability on your federal student loan(s), attach documentation of this determination.
- **If you do not have federal loans, provide a physician's certificate completed and signed by your doctor certifying that you have a total and permanent disability as defined above. Form is available on our website.**
- If you are a veteran, provide documentation from the U.S. Department of Veterans Affairs (VA) showing that you are unemployable due to a service-connected disability.
- Sign and date the application in Section 3. A representative may sign on your behalf if you are unable to do so because of your disability, if so attach Power of Attorney for the representative.

Section 3: BORROWER'S DISCHARGE REQUEST, AUTHORIZATION, UNDERSTANDINGS, AND CERTIFICATIONS

Before signing, carefully read the entire application.

I request that RI Student Loan Authority (RISLA) conditionally discharge my RI Family Education Loan, Collegebound Loan, RISLA Student Loan and/or RISLA Refinancing Loan for which I am the student borrower and/or the RISLA Parent Loan for which I am the benefiting student.

I authorize any physician, hospital, or other institution having records about the disability that is the basis for my request for a discharge to make information from those records available to Rhode Island Student Loan Authority and agree to sign any other forms necessary for the release of such information.

I understand that if I am granted a discharge, RISLA will monitor my status during the 3-year post discharge monitoring period that begins on the date my discharge is granted. In addition, I agree to the following during the 3-year post discharge period:

- I will promptly notify RISLA of any changes in my address or phone number
- I must notify RISLA immediately if my annual earnings from employment exceed the poverty line amount for a family of two in my state and that in such event I understand that I will no longer be eligible for a Total and Permanent Disability Discharge
- I must notify RISLA upon request with additional documentation or information related to my eligibility for a Total and Permanent Disability Discharge
- I must not receive a new education grant or loan from any source
- I must notify RISLA immediately if my Federal Loan Servicer determines I am no longer eligible for a Total and Permanent Disability Discharge in which event I will no longer be eligible for a Total and Permanent Disability Discharge
- RISLA may resume collection activity on my loan(s) if I am no longer eligible for Total and Permanent Disability Discharge



RISLA will grant Final and Permanent Disability Discharge after 3 years of continuous contingent eligibility. RISLA will issue a 1099 in the amount of your loan discharge. Please consult your tax advisor as to how this income should be reported.

I certify that I have a total and permanent disability as defined in this application. I have read this application and understand the terms and conditions for a discharge. I will continue to make payments on my loan(s) until I am notified that I have been granted a 3-year conditional discharge.

Signature of Applicant or Applicant's Representative (if applicable)

Date

Printed Name and Address of Applicant's Representative (If applicable)

Representative's Relationship to Applicant

If you have any questions, please contact our office at:

888.897.4752

Return Completed Application and documentation to:

RISLA
PO Box 81071
Warwick, RI 02888-0089



Applicant Name: _____ Last 4 of SSN: _____

Section 4: Physician's Certification

READ THIS FIRST: The applicant identified above is applying for a discharge of a private student loan on the basis that he or she has a total and permanent disability. To qualify for a discharge, the applicant must have a total and permanent disability being unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that (1) can be expected to result in death; (2) has lasted for a continuous period of not less than 60 months; or (3) can be expected to last for a continuous period of not less than 60 months. This disability standard may be different from standards used under other programs in connection with occupational disability or eligibility for social service or veteran's benefits. A determination that the applicant is disabled by a federal agency (for example, the Social Security Administration) or a state agency does not establish the applicant's eligibility for this loan discharge.

Instructions for Physician:

- Complete this form only if you are a Doctor of Medicine or Doctor of Osteopathic Medicine legally authorized to practice in the United States and only if the applicant's condition meets the definition of total and permanent disability above.
- Type or print in dark ink. All fields must be completed. If a field is not applicable, enter "N/A." Your signature date must include month, day, and year (mm-dd-yyyy).
- Provide all requested information for Items 1, 2, and 3 below, and attach additional pages if necessary. Complete the physician's certification at bottom of the next page. The applicant's loan discharge application cannot be processed if the information requested in this section is missing.
- If you make any changes to the information you provide in this section, you must initial each change.
- **Please return the completed form to the applicant or the applicant's representative.**

1. Ability to Engage in Substantial Gainful Activity. Does the applicant have a medically determinable physical or mental impairment (as explained in Item 2 below) that **(a)** prevents the applicant from engaging in any substantial gainful activity, in any field of work, and **(b)** can be expected to last for a continuous period of not less than 60 months? **Yes No**

Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both. *If the applicant is able to engage in any substantial gainful activity, in any field of work, you must answer "No."*

IF THE ANSWER TO QUESTION 1 IS NO, DO NOT COMPLETE THIS APPLICATION.

2. Disabling Condition. Complete the following regarding the applicant's disabling physical or mental impairment. Do not use abbreviations or insurance codes.

(a) Provide the diagnosis: _____

(b) Describe the severity of the disabling physical or mental impairment, including, if applicable, the phase of the disabling condition:



3. Limitations. Explain how the disabling condition prevents the applicant from engaging in substantial gainful activity in any field of work by responding to Items (a) through (e) below, as relevant to the applicant’s condition. Attach additional pages if more space is needed.

In addition to what is required, you may include any 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) Limitations on activities of daily living: _____

(c) Residual functionality: _____

(d) Social/behavioral limitations, if any: _____

(e) Current Global Assessment Function Score (for psychiatric conditions): _____

Physician’s Certification

- I certify that, in my best professional judgment, the applicant identified above is unable to engage in any substantial gainful activity in *any* field of work by reason of a medically determinable physical or mental impairment that (1) can be expected to result in death, (2) has lasted for a continuous period of not less than 60 months, or (3) can be expected to last for a continuous period of not less than 60 months.
- I understand that an applicant who is currently engaged in any substantial gainful activity in *any* field of work does not have a total and permanent disability as defined on this form.

I am a (check one) Doctor of Medicine Doctor of Osteopathic Medicine

I am legally authorized to practice in the state of _____, and my professional license number is _____ (subject to verification through state records).

Physician’s Signature (a signature stamp is not acceptable)

Date (mm-dd-yyyy)

Printed Name of Physician (first name, middle initial, last name)

Address

City, State, and Zip Code

Telephone

Fax

Email Address (Optional)