

POST-DISCHARGE MONITORING: TOTAL AND PERMANENT DISABILITY

OMB No. 1845-0065 **OMB** Approved Exp. Date 8/31/2024

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) **Program / TEACH Grant Program**

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under

	the U.S. Criminal	Code and 20 U.S.C	. 1097.		
SECTION 1: DI	SCHARGE RECIPIE	NT INFORMATION	I		
			Please enter	or correct the following in	ormation.
			Check th	nis box if any of your infor	mation has changed.
			SSN _		
			Name		
Address					
			City	State	Zip Code
		Teleph	none - Primary		
		Telepho	ne - Alternate		
			Email		
SECTION 2: DO	OCUMENTATION O	F EARNED INCOM	IE		
Security Numb We will reinstat you receive anr after the date v	er on any documente your obligation to nual earnings from we granted your dis	tation that you sub o repay a discharge employment abov charge or (2) you d	omit with this form ed loan or complet e the poverty guid lo not respond to o	ne form in Section 3. Includ . Submit this form to the ac e a discharged TEACH Gran eline for a family size of two our request to complete and	Idress in Section 6. t service obligation if (1) o for any of the three years d submit this form.
. , .	poverty. For 2019, th		-	ealth and Human Services, of two are:	and are available at:
Family Size	48 States & DC	Alaska	Hawaii	If you do not live in one of the 50 states or DC, we will use the poverty guideline for the 48 states.	
2	\$16,910	\$21,130	\$19,460		
Did you have income earned from <i>employment</i> between				and ?	
🗌 Yes - You m	ust provide docum	entation of all inco	me you receive fro	m employment or self-emp	oloyment. See below.
_ , -	ing this form, you a pove. Continue to S	, -	ou had no earned i	ncome from employment o	luring the period
Acceptable Do	ocumentation of E	arned Income (co _l	pies of original do	cumentation are accepta	ble)
federal o	or state income tax i	return, a W-2, a fed	eral income tax ret	f income from employment urn transcript, a Social Secu	ırity Administration

- earnings statement, a state or local agency earnings statement, or a pay stub from any employment.
- Unless the **frequency** is clearly indicated on the documentation that you provide, write on your documentation how often you receive the income, for example, "twice per month" or "every other week".
- If you are submitting documentation of income that you receive on a calendar-year basis, but a **portion of the income** in the documentation is outside of the period for which you are providing documentation, write on your documentation the amount of the income that you received during the period identified above.
- If **no documentation** of your earned income is available, submit a signed statement explaining the amount and source of your earned income.

Do not provide documentation of unearned income, such as income from interest or dividends. Do not report untaxed income, such as Supplemental Security Income, child support, or federal or state public assistance.

Recipient Name	Recipient SSN				
SECTION 3: RECIPIENT'S UNDERSTANDINGS AND CERTIFICATION					
 I understand that I may be required to repay my discharged log obligation if, during the three-year post-discharge monitoring particles. I receive annual earnings from employment that exceed the regardless of my actual family size; 	period, which begins on the date that I receive a discharge:				
2. I receive a new loan under the Direct Loan Program or a ne	w TEACH Grant;				
I receive a disbursement of a Direct Loan or TEACH Grant that was initially disbursed prior to my discharge date and I fail to ensure that the disbursement is returned to the loan holder or (for a TEACH Grant) to the U.S. Department of Education within 120 days of the disbursement date; or					
4. The Social Security Administration determines that I am no period to a period that is shorter than 5-7 years or more, aft Social Security Administration and was receiving SSDI or SS years or more.	ter I had been previously determined to be disabled by the				
I certify that all of the information I have provided on this form and correct to the best of my knowledge and belief.	and in any accompanying documentation is true, complete,				
Recipient's or Representative's Signature NOTE: You may designate someone to represent you in matters related to your application. If you wish to designate a representative, you must complete the Applicant Representative Designation: Total and Permanent Disability form. SECTION 4: DEFINITIONS					
A discharge due to a total and permanent disability	The Teacher Education Assistance for College and				
cancels your obligation (and, if applicable, an endorser's obligation) to repay the remaining balance on your discharged loans or to satisfy your discharged TEACH Grant service obligation.	Higher Education (TEACH) Grant Program requires individuals to complete a teaching service obligation as a condition for receiving a TEACH Grant. A representative is a member of your family, your				
The post-discharge monitoring period begins on the date the U.S. Department of Education grants a discharge of your loan or TEACH Grant service obligation and lasts for three	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				

da y years. If you fail to meet certain conditions at any time during or at the end of the post-discharge monitoring period, the U.S. Department of Education will reinstate your obligation to repay your loan or complete your TEACH Grant service obligation. See Section 5 for more information.

The William D. Ford Federal Direct Loan (Direct Loan)

Program includes Direct Subsidized Loans, Direct Unsubsidized Loans, Direct PLUS Loans, and Direct Consolidation Loans.

disability discharge application.

Post-discharge monitoring period

If you were granted a discharge, we will monitor your status during the 3-year post-discharge monitoring period that begins on the date the discharge is granted. We will reinstate your obligation to repay your loan(s) and/or to complete your TEACH Grant service if, at any time during the post-discharge monitoring period, you:

- Receive annual earnings from employment that exceed the poverty guideline amount for a family of two in your state, regardless of your actual family size;
- Receive a new loan under the Direct Loan Program or a new TEACH Grant;
- Receive a disbursement of a Direct Loan or TEACH
 Grant that was initially disbursed prior to your
 discharge date and fail to ensure that the
 disbursement is returned to the loan holder or (for a
 TEACH Grant) to us within 120 days of the
 disbursement date; or
- If your discharge was based on Social Security
 Administration (SSA) documentation, you receive a
 notice from the SSA indicating that you are no longer
 disabled or that your continuing disability review will
 no longer be 5 to 7 years or more from the date of
 your last SSA disability determination.

During the 3-year post-discharge monitoring period, we will monitor the National Student Loan Data System (NSLDS) to determine whether you have received a new loan under the Direct Loan Program or a TEACH Grant, or whether you have failed to ensure that a loan or TEACH Grant disbursement was returned to the loan holder or (for a TEACH Grant) to us within 120 days of the disbursement date.

During the 3-year post-discharge monitoring period, you (or your representative) must:

- Promptly notify us if your annual earnings from employment exceed the poverty guideline amount for a family of two in your state, regardless of your actual family size;
- Promptly notify us of any changes in your address or telephone number;
- Provide us with documentation of your annual earnings from employment, on a form that we will provide; and
- If your discharge was based on SSA documentation, promptly notify us if the SSA determines that you are no longer disabled or changes your continuing disability review period to a period that is shorter than 5 to 7 years.

Reinstatement of obligation to repay a loan or complete a TEACH Grant service obligation

If you do not meet the requirements outlined above at any time during or at the end of the post-discharge monitoring period, we will reinstate your obligation to repay your loans and/or to complete your TEACH Grant service.

If your loan is reinstated, you will be responsible for repaying your loans to us in accordance with the terms of your promissory note(s). Your loans will be returned to the status that would have existed if we had not received your total and permanent disability discharge application. However, you will not be required to pay interest on your loans for the period from the date of the discharge until the date your repayment obligation was reinstated. We will be your loan holder.

If your TEACH Grant service obligation is reinstated, you will again be subject to the requirements of your TEACH Grant Agreement to Serve. If you do not meet the terms of that agreement and the TEACH Grant funds you received are converted to a Direct Unsubsidized Loan, you must repay that loan in full, and interest will be charged from the date(s) that the TEACH Grant funds were disbursed.

If your obligation to repay your loans or complete your TEACH Grant service obligation is reinstated, we will notify you of the reinstatement. This notification will include:

- · The reason or reasons for the reinstatement;
- For loans, an explanation that the first payment due date on the loan following the reinstatement will be no earlier than 60 days following the date of the notification of reinstatement; and
- Information on how you may contact us if you have questions about the reinstatement, or if you believe that your obligation to repay a loan or complete TEACH Grant service was reinstated based on incorrect information.

SECTION 6: WHERE TO SEND THE COMPLETED FORM

Return the completed form and any documentation to:

U.S. Department of Education - TPD Servicing

P.O. Box 87130

Lincoln, NE 68501-7130 Fax to: 303-696-5250

Email to: disabilityinformation@nelnet.com

SECTION 7: IMPORTANT NOTICES

Privacy Act Notice. The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., §461, or §420L of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., 20 U.S.C. 1087aa et seq., or 20 U.S.C. 1070g et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Direct Loan, FFEL, Perkins Loan, or TEACH Grant program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan, FFEL, Federal Perkins Loan or TEACH Grant Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a caseby-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

If you need help completing this form, contact us:

Phone: 1-888-303-7818 (TTY: dial 711, then phone no.)

Fax: 303-696-5250

Email: <u>disabilityinformation@nelnet.com</u> Website: www.disabilitydischarge.com

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid guestions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0065. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 674.61(b) or (c), 34 CFR 682.402(c)(2) or (c)(9), 34 CFR 685.213(b) or (c), and 34 CFR 686.42(b). If you have comments or concerns regarding the status of your individual submission of this form, please contact the U.S. Department of Education directly (see Section 6).