26-27 Physician Certification of Borrower Ability to Engage in Substantial Gainful Activity

DIRECTIONS: Complete Section 1 and have your physician send the completed form to the Office of Financial Services at Bennett College.

SECTION 1: To be Completed by Borrower

Name of Borrower: _____ **Borrower's Student ID:** _____

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Bennett College.

Acknowledgement of Inability to Cancel Loan: I hereby acknowledge that any Federal Student Loan(s) which I receive subsequent to this statement cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled.

Falsified documentation will result in an immediate denial of your appeal. Future appeals may be denied as well. In addition, your name will be referred to the Dean of Students Office at Bennett College.

➔ **Student Signature:** _____ **Date:** _____

SECTION 2: To be Completed by Certifying Physician (Please Send Completed Form to Bennett College)

Instructions to Physician: The borrower for which you are completing this certification has previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was totally and permanently disabled.

You are asked to certify that the borrower named above is able to engage in substantial gainful activity. Effective July 1, 2012, the U.S. Department of Education defines "substantial gainful activity" as, "a level of work performed for pay or profit that involves doing significant physical or mental activity, or both."

Physician Certification of Borrower's Ability to Engage in Substantial Activity

I certify in my best professional judgment (borrower) _____ is able to engage in substantial activity as defined by the U.S. Department of Education.

Signature of Physician (M.D. or D.O.): _____

I am Legally Authorized to Practice in the State of _____ Today's Date: ___/___/_____

Type or Print Physician's Name: _____

Address: _____

Office and Fax Number: _____

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IMPORTANT INFORMATION

Your obligation to repay your loans or complete your TEACH Grant service obligation will be reinstated if, at any time during the three-year 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;
- a new federal student loan under the Direct Loan Program or a new TEACH Grant;
- another disbursement (payment) of a Direct Loan or TEACH Grant that was first disbursed (paid out) before your discharge was approved, and the new disbursement has not been returned to the loan holder of (for a TEACH Grant) to us within 120 days of the disbursement date; or
- a notice from the SSA stating that you are no longer disabled, or that your next scheduled disability review will no longer be five to seven years from the date of your last SSA disability determination.

If you're a veteran whose TPD discharge application is approved based on documentation from the VA, you aren't subject to a post discharge monitoring period.