



William D. Ford Federal Direct Loan Program

Temporary Total Disability Deferment Request

William D. Ford Federal Direct Loan Program

Federal Direct Stafford/Ford Loans, Federal Direct Unsubsidized Stafford/Ford Loans, Federal Direct PLUS Loans, Federal Direct Consolidation Loans

DO NOT USE THIS FORM if all your Federal Family Education Loan Program loans were made ON or AFTER July 1, 1993.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form 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. 1840-0700
Form Approved
Exp. Date 02/28/98

TDIS

Temporary Total Disability

Borrower's Information

Please print legibly using blue or black ink.

Last Name	First Name	Middle Initial	Social Security Number
Street Address			Home Area Code/Telephone Number ()
City	State	Zip Code	

Section 1: Deferment Request *Must be completed by borrower or borrower's representative.* See definitions and eligibility criteria on the back of this form.*

*A representative may complete and sign this section on your behalf if you are unable to do so because of your disability.

I meet the qualifications stated on the back of this form for a Disability Deferment and request that the U.S. Department of Education (ED) defer repayment on my loan(s) 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**. Maximum eligibility is three years. Eligibility must be recertified by your physician, using this form, every six months.

Check appropriate box: I am disabled. I am taking care of my spouse or dependent who is disabled. (For spouse or dependent disability, complete information below.)

Name of Disabled Spouse or Dependent

Relationship to Borrower

Borrower 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 pertaining to the Physician's Certification below available to ED.

This disability is temporary. I understand that: (1) My deferment will begin on the date the deferment condition began but no more than six months before the date ED receives this request; (2) My deferment will last no more than six months after the date my physician certifies this request; (3) ED will not grant this deferment request unless all applicable sections of this form are completed; (4) Principal payments will be deferred, but if my loan(s) is not subsidized by the federal government, I am responsible for paying the interest that accrues; (5) If I do not choose to pay all interest that accrues during my deferment period, ED will capitalize (see Definitions) such interest to the extent of the law. This will increase the principal balance of my loan(s); (6) If my deferment does not cover all my past due payments, ED may grant me a forbearance for all payments due before the begin date of my deferment.

I **certify that:** (1) The information provided in Section 1 above is true and correct; (2) I will provide additional documentation, as required, to ED to support my continued deferment status; (3) I will notify ED immediately when the condition(s) that qualified me for the deferment ends; and (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied as explained on the back of this form.

(5) I certify that at the time I obtained my William D. Ford Federal Direct Loan (Direct Loan) Program loan I had an outstanding balance on a Federal Family Education Loan (FFEL) Program loan (formerly known as a GSL) which was made prior to July 1, 1993.

Signature of Borrower or Borrower's Representative/Date

Name of Borrower's Representative (if applicable)

Address of Borrower's Representative (if applicable)

Relationship to Borrower (if applicable)

Section 2: Physician's Certification

See the back of this form for a list of Authorized Officials. Please print or type.

Instructions for Physician: You are being asked to complete and sign this form to certify that the applicant or the applicant's spouse or dependent identified above is temporarily totally disabled. You may complete this form **only** if you are a **doctor of medicine or osteopathy** legally authorized to practice in a State. Sign the certification only if the disabled person's condition meets the definitions on the back of this form. Complete all requested information. You may attach additional pages if necessary.

The disabled person became unable to work and earn money, attend school, or required continuous nursing or similar care on

(MM-DD-YY) and the disabling condition or continuous nursing care is expected to continue until (MM-DD-YY) .

■ If different than the first date provided on the previous line, when did the disabled person's illness or injury start?

■ Diagnosis of disabled person's present medical condition:

I certify that I am a **doctor of medicine or osteopathy** legally authorized to practice in a State and that in my best professional judgment the applicant or the applicant's spouse or dependent identified above is unable to work and earn money because of a medically determinable impairment.

Signature of Physician/Date Address

Physician's Name City, State, Zip Code

Section 3: Definitions/Eligibility Criteria for Temporary Total Disability Deferment Certification

Definitions

- **Deferment** due to a Temporary Total Disability condition is a period during which I am entitled to postpone repayment of the principal balance of my loan(s). Interest does not accrue during an eligible deferment on Federal Direct Stafford/Ford Loans (Direct Subsidized Loans) or Federal Direct Subsidized Consolidation Loans (Direct Subsidized Consolidation Loans). I am responsible for the interest that accrues during this period on all other Direct Loan Program loans.
- **Capitalization** is a process whereby ED adds unpaid interest to the principal balance of a loan(s).

Physician's Definitions

- **Temporary Total Disability** (*Borrower, Spouse, or Dependent*): The disabled borrower must, because of injury or illness, be unable to go to school or work and earn money for at least 60 days in order to recover. An uncomplicated pregnancy is *not* a qualifying condition. 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.

Eligibility Criteria

To qualify for this deferment, at the time I applied for my Direct Loan Program loan, I must have had an outstanding balance on an FFEL Program loan (formerly known as a GSL) which was made prior to July 1, 1993. My deferment **cannot** be based on a condition that existed before I applied for the loan, unless the condition has since substantially deteriorated.

- I may **defer** (postpone) 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 —
 - (a) 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, and
 - (b) not be requesting this deferment based on a condition that existed before I applied for this loan(s), unless my condition has since substantially deteriorated, and I am now temporarily totally disabled.
- (2) 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.
- (3) I understand that my, or my spouse's or dependent's, physician must recertify this condition every six months to continue this deferment.

Authorized Certifying Officials

- Doctor of Medicine or Osteopathy legally authorized to practice in a State

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 authority for collecting the information requested on this form is §451 *et seq.* of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a deferment. The information on this form will be used to determine your eligibility for a deferment of repayment of your Direct Loan Program loan(s). The information you provide may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Return this form and any required documentation to the Direct Loan Servicing Center. If you need to confirm the Direct Loan Servicing Center's address or require assistance with completing this form, call 1 (888) 447-4460.

Paperwork Reduction Notice

The time required to complete this information collection is estimated to average 0.2 hours (12 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 Direct Loan Servicing Center. If you need to confirm the Direct Loan Servicing Center's address, call 1 (888) 447-4460.**