



# TEMPORARY TOTAL DISABILITY DEFERMENT REQUEST

## Federal Family Education Loan Program

OMB No. 1845-0005  
Form Approved  
Exp. Date 09/30/2005

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, or had a balance on a loan that was made before July 1, 1993 at the time you obtained a loan disbursed on or after 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.

**TDIS**

### SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone - Home ( ) \_\_\_\_\_

Telephone - Other ( ) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

### SECTION 2: DEFERMENT REQUEST

**Before answering any questions, carefully read the entire form, including the instructions and other information in Sections 5, 6, and 7. 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 7 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) I am not required to make payments of loan principal during my deferment. Interest will not be charged on my subsidized loan(s) during my deferment. However, interest will be charged on my unsubsidized loan(s). (2) I have the option of making interest payments on my unsubsidized loan(s) during my deferment. (3) I may choose to make interest payments by checking the box below. Interest that I do not pay during the deferment period will be capitalized by my loan holder.

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

(4) My deferment will begin on the date the condition that qualifies me for the deferment began. (5) My deferment will end on the earlier of the date that the condition that qualifies me for the deferment ends or the date it is expected to end, as certified by the physician who completes Section 4. However, my deferment will last no longer than six months after the date of my physician's certification. (6) 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. (7) 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. (8) 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. (9) 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 7.

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 above 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 7. 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 (Do not use abbreviations or insurance codes): \_\_\_\_\_

I certify that, in my best professional judgment, the borrower identified above 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 above 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 Name (printed) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

### **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 31, 2002' = '01-31-2002'. 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 8.**

### **SECTION 6: 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 FFEL Loan or a subsidized Federal Direct 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 that accrues on my loan(s) during a forbearance. If I do not pay the interest that accrues, the interest may be capitalized.
- 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.

### **SECTION 7: ELIGIBILITY CRITERIA FOR TEMPORARY TOTAL DISABILITY DEFERMENT REQUEST**

- To qualify for a Temporary Total Disability Deferment, I must have an outstanding balance on a FFEL Program loan which was **made before July 1, 1993**, or I must have had an outstanding balance on a FFEL Program loan made **before July 1, 1993**, when I obtained a loan disbursed **on or after 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 8: 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 9: 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 requested information from and about you is §428(b)(2)(A) et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) et seq.) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) 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 FFEL program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) become delinquent or in 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 to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors 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 loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

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 questions. 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 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 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 8.***