

**DISCHARGE APPLICATION: TOTAL AND PERMANENT DISABILITY**



Warning. The SEAA will pursue civil and criminal remedies against any person who knowingly makes a false statement or misrepresentation on this form or any attached documents.

**READ THIS FIRST:** This is an application for total and permanent disability discharge of your education loan funded or guaranteed by the North Carolina State Education Assistance Authority, (NCSEAA). **This form may not be used to apply for disability discharge of federal loans.**

To qualify for this discharge a physician must certify in Section 4 of this form that you are unable to work and earn money because of a condition that is expected to continue indefinitely or result in death. This means that you must be unable to work in any capacity in any field of work. ***If you are able to work and earn money in any capacity in any field of work at the time your physician signs this form, even if only on a limited basis, you are not eligible for this discharge.*** This disability standard may differ from disability standards used by other federal agencies (for example, the Social Security Administration) or other state agencies. A disability determination by another federal or state agency does not establish your eligibility for this discharge.

**Section 1: Applicant Information**

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_ NCSEAA PID Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone–Home: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone–Other: \_\_\_\_\_  
 E-mail Address (optional): \_\_\_\_\_

**Section 2: Instructions for Completing and Submitting This Form**

- Type or print in dark ink. Enter your name and Social Security Number at the top of pages 2 and 3.
- Have a doctor of medicine or osteopathy complete and sign Section 4.
- Sign and date the form in Section 3. A representative may sign on your behalf if you are unable to do so because of your disability.
- Make sure that Sections 3 and (if applicable) 4 include all requested information. Incomplete or inaccurate information may cause your application to be delayed or rejected.
- Make sure you return the entire Discharge Application (3 pages) to the address at the bottom of page one.
- **IMPORTANT:** You must submit this form to the NCSEAA within 90 days of the date of your physician’s signature in Section 4. See Section 3 for address and contact information.

**Section 3: Applicant’s Discharge Request, Authorization, Understandings, and Certifications**

**Before signing, carefully read the entire form, including the instructions on Section 2 and other information on the following pages.**

- I request that the NCSEAA discharge my educational loan obligation.
- 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 these records available to the NCSEAA.
- I understand the NCSEAA reserves the right to request supplemental information to verify my Discharge Application.
- I certify that: (i) I have a total and permanent disability, as defined in Section 5 (ii) I have read and understand the information on the discharge process, the terms, and conditions for discharge.

\_\_\_\_\_  
 Signature of Applicant or Applicant’s Representative      Date (mm-dd-yyyy)      Printed Name of Applicant’s Representative (if applicable)

\_\_\_\_\_  
 Address of Applicant’s Representative (if applicable)      Representative’s Relationship to Applicant (if applicable)

Mail the completed discharge application and any attachments to: NCSEAA – Repayment Services P O Box 14223 RTP, NC 27709	If you need help completing this form, call: (919) 549-8614, ext 4654 or (800) 700-1775, ext 4654
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Applicant Name: \_\_\_\_\_

Applicant SSN: \_\_\_\_\_

**Section 4: Physician's Certification**

**READ THIS FIRST:** The applicant identified above is applying for a discharge of a loan obligation funded or guaranteed by the North Carolina State Education Assistance Authority on the basis that he or she has a total and permanent disability, as defined in Section 5 of this form. To qualify for a discharge, the applicant must be unable to work and earn money because of a condition that is expected to continue indefinitely or result in death. If the applicant is able to work and earn money in any capacity in any field of work, even if only on a limited basis, you should not complete this form. This disability standard may be different from standards used under other programs in connection with occupational disability, or eligibility for social service or veterans benefits. A determination that the applicant is disabled by a federal agency (for example, the Social Security Administration) or another 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 osteopathy legally authorized to practice in a state (see definition in Section 5) and only if the applicant's condition meets the definition of total and permanent disability in Section 5.
- Type or print in dark ink. All fields must be completed if applicable. 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 on page 3. The applicant's loan discharge application cannot be accepted 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 NCSEAA address at the bottom of page one. The NCSEAA may contact you for additional information or documentation.

**1. Ability to work.** Does the applicant's medical condition, as explained in Item 2 below, prevent the applicant from working and earning money indefinitely in any capacity in any field of work?

**Yes**       **No (If NO, do not complete this form)**

*If the applicant is able to work and earn money in any capacity in any field of work, even if only on a limited basis, you must answer "NO."*

**2. Disabling Condition.** Complete the following regarding the applicant's disabling medical condition. **Do not use abbreviations or insurance codes.**

(a) Provide the diagnosis: \_\_\_\_\_  
\_\_\_\_\_

(b) Describe the severity of the disabling medical condition, including, if applicable, the phase of the disabling condition:  
\_\_\_\_\_  
\_\_\_\_\_

**3. Limitations.** Explain how the applicant's condition prevents the applicant from working and earning money in any capacity in any field of work. Attach additional pages if more space is needed. In addition to what is required below, 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 of activities of daily living: \_\_\_\_\_  
\_\_\_\_\_

(c) Residual functionality: \_\_\_\_\_

(d) Social/behavioral limitations, if any: \_\_\_\_\_  
\_\_\_\_\_

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

Applicant Name: \_\_\_\_\_

Applicant SSN: \_\_\_\_\_

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### Physician's Certification

- I certify that, in my best professional judgment, the applicant identified above is unable to work and earn money in any capacity in any field of work because of an injury or illness that is expected to continue indefinitely or result in death.
- I understand that an applicant who is currently able or who is expected to be able to work and earn money in any capacity in any field of work, even on a limited basis, does not have a total and permanent disability as defined on this form.

I am a doctor of (please, check one)  medicine  osteopathy/osteopathic medicine. I am legally authorized to practice in the state of \_\_\_\_\_, and my professional license number is \_\_\_\_\_ (subject to verification through state records).

**Note: Chiropractors, herbalists, physician assistants, registered nurses, or other allied health professionals are not eligible to certify total and permanent loan discharge applications. Applications certified by any other than a licensed M.D. or D.O. will be returned.**

\_\_\_\_\_  
Physician's Signature (a signature stamp is not acceptable)

\_\_\_\_\_  
Date (mm-dd-yyyy)

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

\_\_\_\_\_  
Address

( )

\_\_\_\_\_  
Telephone

( )

\_\_\_\_\_  
Fax

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

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

### Section 5: Definitions

- If you have a **total and permanent disability**, this means that you are unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death. Note: This disability standard may differ from disability standards used by other agencies (federal or state). A disability determination by another federal or state agency does not establish your eligibility for a discharge of your loan(s) due to a total and permanent disability.
- A **final discharge of a loan** due to a total and permanent disability cancels your obligation (and, if applicable, an endorser's obligation) to repay the remaining balance on your NCSEAA funded or guaranteed loan obligation.