

DISCHARGE APPLICATION:

Total and Permanent Disability (TPD)

This is an application for a total and permanent disability discharge of your Harvard Federal Credit Union student loan(s). Throughout this application, the words "we," "us," and "our" refer to Harvard Federal Credit Union (Harvard FCU).

Make sure that Section 2, Section 3, and (if required) Section 4 include all requested information. Incomplete or inaccurate information may cause your application to be delayed or rejected.

To qualify for this discharge, you must submit documentation from one of the following sources:

1. The U.S. Department of Veterans Affairs (VA) OR
2. The Social Security Administration (SSA) OR
3. A physician's certification in Section 4 of this form

Except for VA or SSA determinations described below, a disability determination by another federal or state agency does not qualify you for this discharge

U.S. Department of Veterans Affairs Documentation:

If you are a veteran who has been determined by the VA to be unemployable due to a service-connected disability, you may qualify for discharge by providing documentation from the VA showing that you have received a determination that you are totally disabled based on an individual unemployability rating.

You do not qualify for discharge based on a VA disability determination if your disability is not service-connected.

Social Security Administration Documentation:

If you are eligible for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), you may qualify for discharge by providing a copy of your notice of award or Benefits Planning Query (BPQY) from the SSA. You only qualify for a discharge based on this documentation if it shows that your next scheduled disability review will be 5 to 7 years or more from the date of your last SSA disability determination.

If you want to submit a BPQY but do not have one, contact the SSA office that issued your award and request form SSA-2459. You may also request a BPQY by **calling 1-800-772-1213** or by visiting www.ssa.gov.

Physician Certification:

You may qualify for discharge by having a physician complete Section 4 of this application. The physician must certify that you are unable to engage in any substantial gainful activity (see definition in Section 5) by reason of a medically determinable physical or mental impairment that:

1. Can be expected to result in death;
2. Has lasted for a continuous period of at least 60 months; or
3. Can be expected to last for a continuous period of at least 60 months.

Important Tax Information:

Loan amounts discharged due to total and permanent disability may be considered taxable income by the Internal Revenue Service (IRS). Contact the IRS for more information.

WHERE TO SEND YOUR COMPLETED APPLICATION AND DOCUMENTATION:

Please upload your application and supporting documents using our [Document Uploader](#) or fax to 617.812.8401, or mail to:

Harvard Federal Credit Union
Attn: Education Lending Department
PO Box 382609
Cambridge, MA 02238

IF YOU NEED HELP COMPLETING THE APPLICATION:

Phone: 617-495-4460
Email: ed_loans@harvardfcu.org

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Section 1: APPLICANT INFORMATION

Name					Date of Birth			
SSN or Loan Number								
Address Line 1								
Address Line 2								
City			State			Zip code		
						Country		
Email					Work Number			
Home Number					Cell Number			

Section 2: TOTAL AND PERMANENT DISABILITY INFORMATION:

Carefully read the entire application. Type or print in dark ink. Sign and date the application in Section 3.

- Are you a veteran who has received a determination from the U.S. Department of Veterans Affairs (VA), or equivalent in your country of residence, that you are **unemployable due to a service-connected disability**?
☐ **YES** - Attach documentation of the determination and complete Section 3. You do **not** need to have a physician complete Section 4.
☐ **NO** - Continue to item 2
- Are you currently receiving SSDI or SSI benefits, and does your most recent notice of award of Benefits Planning Query (BPQY) from the SSA state that your next scheduled disability review will be 5 to 7 years or more from the date of your last SSA disability determination?
☐ **YES** - Attach a copy of your most recent SSA notice of award or BPQY and complete Section 3. You do **not** need to have a physician complete Section 4.
☐ **NO** - Complete Section 3 and have a physician complete and sign Section 4.

Section 3: APPLICANT'S REQUEST, AUTHORIZATION, UNDERSTANDINGS, AND CERTIFICATIONS:

I request that Harvard Federal Credit Union (Harvard FCU) discharge my Graduate, Post-Graduate or Bar and Residency student loan(s).

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 those records available to Harvard FCU.

I understand that: If I am a veteran who answered No to Item 1 in Section 2, and I obtained a certification from a physician in Section 4, that certification is only for purposes of determining my eligibility for a discharge of my Harvard FCU loan(s), and is not for purposes of determining my eligibility for, or the extent of my eligibility for, VA benefits.

I certify that: (1) I have a total and permanent disability and (2) I have read and understand the information outlined in this application.

Applicant's or Representative's Signature		Date	
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Representative Name (if applicable)	
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NOTE: You may designate someone to represent you in matters related to your application. If you already have a designated power of attorney, please include that documentation with your application or complete our [Borrower Authorization of Third Party](#) form.

SECTION 4: PHYSICIAN'S CERTIFICATION: Print legibly and initial any changes. Return the form to the applicant or representative.

1. Provide the below information regarding the individual for

whom you are completing this Section:

Name

Date of Birth

2. Medically Determinable Physical or Mental Impairment:

Does the applicant have a medically determinable physical or mental impairment that prevents the applicant from engaging in any substantial gainful activity?

Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities or a combination of both. If the applicant is able to engage in any substantial gainful activity in any field of work, you must answer "No".

☐ YES - Continue to Item 3

☐ NO - Do not complete this application

3. Severity/Duration of Physical or Mental Impairment: Is the applicant's impairment expected to result in death?

☐ YES - Skip to item 5

☐ NO - Continue to item 4

4. Has the applicant's impairment lasted or is it expected to last for a continuous period of at least 60 months?

☐ YES - Skip to item 5

☐ NO - Do not complete this application

5. Disabling Condition:

Do not use insurance codes or abbreviations. **Provide your diagnosis of the applicant's impairment:**

6. Describe the severity of the applicant's impairment, including, if applicable, the phase of the impairment:

Limitations:

Explain how the condition prevents the applicant from engaging in any substantial gainful activity in any field of work. Attach additional pages if needed. Enter "N/A" if not applicable. You may include additional information you believe is helpful in understanding the applicant's condition, such as medications or procedures used to treat the condition.

7. Limitations on sitting, standing, walking, or lifting:

8. Limitations on activities of daily living:

9. Residual functionality:

10. Social/behavioral limitations (if any):

11. Global Assement Function Score (for pyschiatric conditions):

I certify that, in my best professional judgment, the applicant identified in Item 1 has a medically determinable physical or mental impairment consistent with my responses in Items 2 through 10.

I understand that an applicant who is currently able to engage in any substantial gainful activity in any field of work does not have a total and permanent disability as defined on this form.

I AM A DOCTOR OF: ☐ MEDICINE ☐ OSTEOPATHY/OSTEOPATHIC MEDICINE

*If you are licensed to practice outside of the 50 Unites States, attach a copy of your professional license that clearly shows the expiration date.

State Where Legally
Authorized to
Practice*

Professional License Number
(subject to verification; stamp
is acceptable)

PHYSICIAN'S SIGNATURE (A STAMP IS NOT ACCEPTABLE)

PHYSICIAN NAME (FIRST, MIDDLE, LAST)

DATE (MM-DD-YYYY)

ADDRESS (A STAMP IS ACCEPTABLE)

PHONE NUMBER

EMAIL

FAX NUMBER

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Section 5: Definitions/ Discharge Process

Total and permanent disability means that: **(1)** you are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, or that has lasted for a continuous period of not less than 60 months, or that can be expected to last for a continuous period of not less than 60 months; **OR (2)** you are a veteran who has been determined by the VA, or equivalent in your country of residence, to be unemployable due to a service-connected disability.

Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both.

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 Harvard Federal Credit Union (Harvard FCU) loan(s).

The term **"State"** for purposes of the physician's certification in Section 4 must be the state the physician is licensed to practice. If you are licensed to practice outside of the 50 United States, you must submit a copy of your professional license that clearly shows the expiration date.

A **representative** is a member of your family, your 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.

Discharge Process:

After you submit your completed application to Harvard FCU, it will be reviewed along with any accompanying documentation to determine if you are totally and permanently disabled as described in item **(1)** or **(2)** of the definition of "total and permanent disability" in Section 5. Based on the results of this review, we will determine your eligibility for discharge.

If we determine that you are totally and permanently disabled, we will notify you that a discharge has been approved. Additionally, the discharge will be reported to nationwide consumer reporting agencies and any loan payments that were received after the date of approval will be returned to the person who made the payments.

If we determine that you are not totally and permanently disabled, you will be notified of that determination and the reason or reasons for the denial of your discharge application. If you request a re-evaluation of your total and permanent disability discharge application or submit a new total and permanent disability discharge application, your request must include new information regarding your disabling condition that was not already provided.

Section 6: Future Loans

If you are granted a discharge based on a determination that you are totally and permanently disabled in accordance with item **(1)** or **(2)** of the definition of "total and permanent disability", you are not eligible to receive future loans through Harvard FCU.