



**CHESTNUT
HILL
COLLEGE**

9601 Germantown Avenue
Philadelphia, PA 19118

2023-2024 Total and Permanent Disability Statement

STUDENT NAME: _____ CHC ID #: _____

Your Free Application for Federal Student Aid (FAFSA) has indicated that you have received **Total and Permanent Disability (TPD)** discharge, you have applied for TPD discharge, or you will be applying for TPD Discharge. If you receive a Title IV loan or TEACH Grant, it may affect your eligibility for discharge or may cause the loan or grant obligation to be reinstated. Please carefully read the information below.

- If you have applied for or are in the process of applying for a TPD discharge, but the application has neither been approved nor rejected, any disbursements of a Title IV loan or TEACH Grant that are made may cause your application for TPD discharge to be suspended until the disbursement is returned or may cause your TPD application to be rejected. Please contact your TPD Servicer specifically for more information on how this will impact your ability to receive Title IV loan or TEACH Grant funding.
- If you have received a TPD discharge, you are not eligible to receive further Title IV loans or TEACH Grants unless you provide:
 1. A signed 2023-24 Total and Permanent Disability Physician Statement form, by your physician, certifying that you are able to engage in substantial gainful activity.
 2. A signed 2023-24 Total and Permanent Disability Student Acknowledgement Statement form, by the student, acknowledging that the new Title IV loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment substantially deteriorates so you are once again totally and permanently disabled. (Please see below.)

This requirement applies to all students who received a TPD discharge, regardless of whether they were subject to a post discharge monitoring period (see below) or whether they have completed their post-discharge monitoring period (if any).

If you have been granted a TPD discharge and the discharge was granted on the basis of a physician's certification or documentation from the Social Security Administration, the student is subject to a post-discharge monitoring period that starts on the date that the Department granted the discharge. During this period, the receipt of a new Title IV loan or TEACH Grant or a subsequent disbursement of a Title IV loan or TEACH Grant that was initially received prior to the date that the Department granted discharge may cause the student's obligation to repay the Title IV loan or fulfill the TEACH Grant service obligation to be reinstated. Note that if you received a TPD discharge on the basis of documentation from the Veterans Administration (VA), that it is not subject to a post discharge monitoring period.

Contact the TPD Servicer for specific information on the status of your TPD discharge. You may contact the Department's TPD Servicer, from 8:00 a.m. -8:00 p.m. (ET), Monday through Sunday, using the information below:

***Nelnet, U.S. Department of Education
P.O Box 87130 Lincoln
Nebraska 68501-7130
Phone: 1-888-303-7818
Email: disabilityinformation@nelnet.net***

I, _____(print name), understand that any new Title IV loan funding or TEACH Grant service obligation cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment substantially deteriorates so that I am once again totally and permanently disabled.

Please use myCHC document upload or deliver to the Financial Aid Office.





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A. Student Information

STUDENT NAME: _____ CHC ID #: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

B. Physician Certification

I certify the impairment of patient (whose information is listed under Section A) has improved sufficiently to allow the borrower/patient to engage in substantial gainful activity. Substantial gainful activity is defined as the patient's/borrower's ability to work and earn money.

The patient/borrower regained the ability to engage in substantially gainful activity as of:

Month / Day / Year

I am a doctor of (check one): _____ Medicine / _____ Osteopathy / _____ other: _____

Physicians Name: _____ (print) MD License # _____

Physicians Signature: _____ Date: _____

Office Address: _____

Office Phone: _____

****Information Notes per Federal Student Aid Handbook Volume 1, Chapter 3****

1. *If a physician's certification does not appear to support the status, the school should contact the physician for clarification.*
2. *The phrase substantial gainful activity generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking*

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Reminder: Per federal regulations a borrower acknowledgment form must be collected from a student each time he/she receives a new loan. This means that this document may be requested several times during an academic year.

****Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. 34 CFR 682.200(b)****

A. Student Acknowledgement (Please read and initial)

_____ I acknowledge I previously had a student loan(s) canceled due to total and permanent disability*. I further acknowledge that my physician has certified my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity defined as able to work and earn money or attend school. I also acknowledge the student loan or TEACH Grant I am now applying for and may receive, and any subsequent student loan(s) unless my physician certifies the impairment has substantially deteriorated to the point of total and permanent disability*

_____ By signing this form, I acknowledged that any federal direct loans or TEACH Grant I receive hereafter cannot be discharged in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met

Please Read Carefully: *By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by Chestnut Hill College. If I have any questions or concerns, I will contact Chestnut Hill College (CHC) Financial Aid Office immediately.*

Your documentation must contain an original signature. We cannot accept forms containing e-signatures, typed signatures, or e-pen.

Student Signature: (original): _____ (required)

Student Name (print): _____

Date: _____

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