

Michigan Alternative Student Loan (MI-LOAN) Program Total and Permanent Disability Certification Form For Non-Student Borrowers and Cosigners

The Michigan Alternative Student Loan (MI-LOAN) Program provides for cancellation of the remaining MI-LOAN Program debt due to the total and permanent disability of the student.

Borrowers (who are NOT the student) and cosigners of MI-LOAN Program loans may choose to submit for consideration information regarding their disability. This information will be reviewed to determine what, if any, assistance may be available.

If there is more than one applicant, a separate form must be submitted for each.

Review the requirements and follow these steps:

Section 1: To be completed by the applicant.

Section 2: To be completed by the applicant.

Section 3: To be completed and returned by the applicant's physician.

Once the fully completed form with original documentation (not a photo copy) is received by the MI-LOAN Program office, a determination will be made. An incomplete form will delay this review. After the determination is finalized, a letter will be provided to the borrower and the cosigner(s), if applicable.

If you have questions, please contact the MI-LOAN Program toll-free at 888-643-7521.

All borrower options and benefits are subject to change.

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

The MI-LOAN Program is administered by the Michigan Finance Authority-Student Loan Programs (formerly known as MHESLA).

Michigan Alternative Student Loan (MI-LOAN) Program

Total and Permanent Disability Certification Form

For Non-Student Borrowers and Cosigners

PLEASE PRINT IN INK OR TYPE. FULLY COMPLETE ALL SECTIONS.
 Corrections: line out and initial by the person referenced.

SECTION 1: BORROWER/COSIGNER INFORMATION					
<p>The Michigan Alternative Student Loan (MI-LOAN) Program provides for cancellation of the remaining outstanding balance on a loan due to a student's total and permanent disability. Total and permanent disability is defined as the student's inability to work and earn money (other than disability payments) or go to school because of an injury or illness that is expected to continue indefinitely or result in death. The student's total and permanent disability cannot be based on a condition that existed before the borrower applied for the loan unless the condition has since substantially deteriorated so as to render the student totally and permanently disabled. Form 4993 is available for the situation described above.</p> <p>This form is for borrowers who are NOT the student and for cosigners of MI-LOAN Program loans. These parties may choose to submit for consideration information regarding their disability. This information will be reviewed to determine what, if any, assistance may be available.</p>					
BORROWER SECTION					
Borrower Name			Borrower Account Number (ex. 000380281-09)		SSN (last four digits)
Address					
City		State		ZIP Code	
Primary Phone Number			Secondary Phone Number		
COSIGNER SECTION (A MI-LOAN Program loan may have zero to two cosigners. Enter N/A for Cosigner Name when there is no cosigner.)					
Cosigner Name			Cosigner Name		
Cosigner Account Number (ex. 000380281-09)		SSN (last four digits)	Cosigner Account Number (ex. 000380281-09)		SSN (last four digits)
Address			Address		
City		State	ZIP Code	City	
State		ZIP Code		State	
City		State	ZIP Code	City	
Primary Phone Number		Secondary Phone Number		Primary Phone Number	
Secondary Phone Number		Secondary Phone Number		Secondary Phone Number	
SECTION 2: AUTHORIZATION, UNDERSTANDING, AND CERTIFICATION					
<p>I authorize any physician, hospital, or other institution having records about the disability for which I am requesting this review, to make this information available to the Michigan Alternative Student Loan (MI-LOAN) Program or its agent(s).</p> <p>I understand this review will not be processed unless all applicable sections of this form are completed and required documentation is provided.</p> <p>I certify that I am unable to work and earn money (other than disability payments) or go to school because of an injury or illness that is expected to continue indefinitely or result in death. This disability is not based on a condition that existed before I applied for the loan, unless the condition has since substantially deteriorated so as to render me totally and permanently disabled.</p>					
Printed Name of Applicant (the person stating they are disabled)					Date
Signature of Application					Date

REPRESENTATIVE: If the applicant cannot complete this form because of their disability, the applicant may have a representative complete this form and sign below, which is attesting to the fact that the representative has legal authority to act on the applicant's behalf in this matter. If so, the applicant signature will not be required.

Printed Name of Representative (If applicable)		Date
Signature of Representative		Date
Address		
City	State	ZIP Code
Primary Phone Number	Secondary Phone Number	Relationship to Applicant

SECTION 3: PHYSICIAN CERTIFICATION

NOTE: Only the certifying physician of medicine or osteopathy, legally authorized to practice, may complete this form. IF THE DATA IS NOT LEGIBLE, THIS DISABILITY REQUEST WILL BE DENIED.

The applicant identified in Section 2 is requesting a review of their total and permanent disability. You are being asked to certify that this applicant is totally and permanently disabled based on this definition:

Total and permanent disability is defined as the applicant's inability to work and earn money (other than disability payments) or go to school because of an injury or illness that is expected to continue indefinitely or result in death.

If the applicant's condition meets the total and permanent disability definition given above, complete these three items:

1. Enter the date of injury or the date the illness was first diagnosed. _____ (MM/DD/YYYY)
2. Enter the date they became unable to work and earn money or go to school, or the condition deteriorated substantially so as to render them totally and permanently disabled. _____ (MM/DD/YYYY)
3. Please provide a legible diagnosis of the applicant's present medical condition. Specify the nature, duration and severity of the applicant's present and probable future impairments. Attach additional pages, if necessary.

By signing below, I certify that:

1. I am a doctor of medicine or osteopathy legally authorized to practice; and
2. In my best professional judgment, the applicant identified above is unable to work and earn money or go to school because of a medically determinable impairment or illness that is expected to continue indefinitely or result in death.

Professional License Number	License issued by the state of	Office Website (if any)		
Address		City	State	ZIP Code
Email Address		Primary Phone Number		
Printed Name of Physician			Date	
Signature of Physician			Date	

Return the fully completed form with the required original documentation (no photo copies) to:

Michigan Department of Treasury
 MFA-Student Loan Programs
 PO Box 30051
 Lansing MI 48909

Toll-free telephone number: 888-643-7521