

## **Michigan Alternative Student Loan (MI-LOAN) Program Total and Permanent Disability Cancellation Request and Certification Form**

The Michigan Alternative Student Loan (MI-LOAN) Program provides for cancellation of the remaining MI-LOAN debt due to the total and permanent disability of the student. In response to your communication, please find the enclosed Total and Permanent Disability Cancellation Request and Certification Form.

After reviewing the requirements on the enclosed Total and Permanent Disability Cancellation Request and Certification Form, if you wish to proceed, follow these steps:

1. Section 1: To be completed by the student and borrower.
2. Section 2: To be completed by the student and borrower.
3. Section 3: To be completed by the student's doctor.

Once the fully completed form is received by our office, eligibility for cancellation of the remaining MI LOAN Program debt will be determined. An incomplete form will delay the determination of this request. Once the determination is finalized, an approval or denial letter will be provided to the student and the borrower.

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

### Cancellation Request and Certification Form

PLEASE PRINT IN INK OR TYPE.

Corrections: line out and initial by the person referenced.

SECTION 1: STUDENT/BORROWER 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. <b>Total and permanent disability is defined as the student's</b> 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 <b>cannot</b> 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.</p>			
Student Name		SSN (last four digits)	Account Number (Ex. 000380281-09)
Borrower Name		SSN (last four digits)	Account Number (Ex. 000380281-09)
Borrower Address			
City		State	ZIP Code
Home Phone		Work Phone	
SECTION 2: AUTHORIZATION, UNDERSTANDING AND CERTIFICATION			
<p><b>I authorize</b> any physician, hospital or other institution having records about the disability, or school enrollment for which I am requesting a cancellation of my loan obligation, or the loan obligation taken out on my behalf, to make this information available to the Michigan Alternative Student Loan Program (MI-LOAN) or its agent(s).</p> <p><b>I understand</b> this cancellation request will not be granted unless all applicable sections of this form are completed and required documentation is provided.</p> <p><b>I certify</b> that I have read, understand, and meet the definition of total and permanent disability and am requesting loan cancellation.</p> <p><b>Note:</b> If the student cannot complete this section because of their disability, the student may have a representative sign* below, which is attesting to the fact that the representative has legal authority to act on the student's behalf in this matter. If so, the student signature will not be required.</p>			
Student Address (If student is not the borrower)			
City		State	ZIP Code
Student Signature		Telephone Number	Date
Representative Signature*		Telephone Number	Date
Representative relationship to the student			

**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 student identified in Section 1 is applying for cancellation of a loan obligation based on their total and permanent disability. You are being asked to certify that the student is totally and permanently disabled based on this definition: **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.

IF the student's condition meets the total and permanent disability definition given above:

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

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**I certify** that 1) I am a **doctor of medicine or osteopathy** legally authorized to practice, and 2) in my best professional judgment, the student 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.

Physician Signature		Date
Telephone Number	Fax Number	
Legally authorized to practice in the state of	Professional License Number	

Affix the physician's business stamp which contains their name, title, and address here:

Return this completed form with the required documentation to:

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

Toll-free telephone number: 888-643-7521  
E-mail Address: **SLP@michigan.gov**