



**DISCHARGE APPLICATION FOR TOTAL AND PERMANENT DISABILITY**  
 BANK OF NORTH DAKOTA  
 STUDENT LOANS  
 SFN 60954 (03-2024)

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form is subject to criminal penalties.

Section 326 of the USA PATRIOT Act<sup>1</sup> requires us to ask for the borrower's Social Security Number. The principal purpose and routine uses of this information are to verify the borrower's identity, provide for the servicing of the borrower's account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate the borrower and collect on the borrower's loan(s). Providing any requested information is mandatory in order to receive the requested service. We may not be able to grant the service if the requested information is not provided. <sup>1</sup>This notice also satisfies our obligations under the Privacy Act of 1974.

**SECTION 1: QUALIFICATIONS FOR DISCHARGE**

This is an application for a total and permanent disability discharge of your DEAL, DEAL Consolidation, and/or DEAL One Loan. To qualify for this discharge (except for certain veterans as explained below), a physician must certify in Section 5 of this form that you are unable to engage in any substantial gainful activity (see definition in Section 6) 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 not less than 60 months; or
3. can be expected to last for a continuous period of not less than 60 months.

This disability standard may differ from disability standards used by other federal agencies (for example, the Social Security Administration) or state agencies. Except for certain veterans, as noted below, a disability determination by another federal or state agency does not establish your eligibility for this discharge.

**SECTION 2: BORROWER INFORMATION**

|                                      |   |                        |  |                            |          |
|--------------------------------------|---|------------------------|--|----------------------------|----------|
| Borrower Name (first, middle, last)  |   | Social Security Number |  | Date of Birth (mm/dd/yyyy) |          |
| Address                              |   | City                   |  | State                      | ZIP Code |
| Telephone Number (include area code) | Cell Telephone Number (include area code) | Email Address          |  |                            |          |

**SECTION 3: INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS APPLICATION**

- Before completing this form, carefully read the entire form.
- Have a doctor of medicine or osteopathy complete and sign Section 5, unless you are a qualifying veteran (see next bullet). **Note: This form cannot be completed by a Nurse Practitioner.**
- If you are a veteran who has received a determination from the VA that you are **unemployable due to a service-connected disability**, attach documentation of this determination. You are not required to have a physician complete Section 5. **If you do not have documentation showing that you are unemployable due to a service-connected disability and cannot obtain this documentation, you must have a physician complete Section 5.**
- Sign and date the application in Section 4. A representative may sign on your behalf with supporting documentation if you are unable to do so because of your disability.
- Make sure that Section 4 and (if applicable) Section 5 include all requested information. Incomplete or inaccurate information may cause your application to be delayed or rejected.
- **IMPORTANT: You must submit this application to Bank of North Dakota (BND) within 90 days of the date of your physician's signature in Section 5.**
- If you need help completing this form, contact BND at 833.397.0311 or 701.328.5660.

**SECTION 4: BORROWER UNDERSTANDING, CERTIFICATION AND AUTHORIZATIONS**

*Before signing, carefully read the entire application, including the instructions in Section 3 and other information on the following pages.*

- I request that BND discharge my DEAL, DEAL Consolidation and/or DEAL One Loan.
- 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 BND.
- I certify that:
  1. I have a total and permanent disability, as defined in Section 6;
  2. I have read and understand the information on the discharge process, the terms and conditions for discharge as explained in Section 7 and the eligibility requirements to receive future loans explained in Section 8.

|  |                                      |       |                   |
|--|--------------------------------------|-------|-------------------|
| Borrower or Legal Representative (if applicable) Printed Name  |                                      |       |                   |
| Borrower or Legal Representative Signature (If Legal Representative, provide a copy of your affidavit of guardianship with this form.) |                                      |       | Date (mm/dd/yyyy) |
| Address of Legal Representative  | City                                 | State | ZIP Code          |
| Relationship to Borrower   | Telephone Number (include area code) |       |                   |

**SECTION 5: PHYSICIAN INSTRUCTIONS AND CERTIFICATION**

**Instructions for Physician:**

- Complete this form only if you are a doctor of medicine or osteopathy legally authorized to practice in the United States and only if the applicant meets the definition of total permanent disability as described in Section 6. **Note: This form cannot be completed by a Nurse Practitioner.**
- **Type or print in dark ink, if completing paper copy. All fields must be completed. If a field is not applicable, enter "N/A."**
- Provide all requested information for questions 1, 2 and 3 below, and attach additional pages if necessary. Complete the physician certification on Page 2.
- If you make any changes to the information you provide in this section, you must initial each change.
- BND may contact you for additional information or documentation.

**1. Ability to Engage in Substantial Gainful Activity**  
Does the applicant have a medically determinable physical or mental impairment (as explained in question 2 below) that:

- prevents the applicant from engaging in any substantial gainful activity, in any field of work; and
- can be expected to result in death, or has lasted for a continuous period of not less than 60 months, or
- can be expected to last for a continuous period of not less than 60 months?

Yes  No. **If you answered no, please do not complete the rest of this application. Return the application to your patient and provide the reason(s) for disqualification.**

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

**Provide a diagnosis:**

**Describe the severity of the disabling physical or mental impairment, including, if applicable, the phase of the disabling condition:**

**3. Limitations.**  
In a brief summary explain how the disabling condition prevents the applicant from engaging in substantial gainful activity in any field of work, explain any limitations the applicant might have in walking, standing, lifting, limitation on activities of daily living, and social/behavioral limitations. Explain any treatments, surgical and non/surgical, for the condition. Also include any addition additional information that you believe would be helpful in understanding the applicant's condition. Attach additional pages if more space is needed:

**PHYSICIAN CERTIFICATION**

|  |                                |   |       |                   |
|--|--------------------------------|---|-------|-------------------|
| Physicians Name (printed - first, middle initial, last)  |                                | State Legally Authorized to Practice Medicine                       |       |                   |
| I am a doctor of (check one below):<br><input type="checkbox"/> Medicine <input type="checkbox"/> Osteopathy/Osteopathic Medicine  |                                | Professional License Number (subject to state records verification) |       |                   |
| Address  |                                | City  | State | ZIP Code          |
| Telephone Number (include area code)   | Fax Number (include area code) | Email Address   |       |                   |
| <ul style="list-style-type: none"> <li>• I certify that, in my best professional judgment, the applicant identified is unable to engage in any substantial gainful activity in any field of work by reason of a medically determinable physical or mental impairment that                             <ul style="list-style-type: none"> <li><input type="checkbox"/> can be expected to result in death;</li> <li><input type="checkbox"/> has lasted for a continuous period of not less than 60 months; or</li> <li><input type="checkbox"/> can be expected to last for a continuous period of not less than 60 months.</li> </ul> </li> </ul> |                                |   |       |                   |
| Physician Signature (signature stamp is not acceptable)  |                                |   |       | Date (mm/dd/yyyy) |

## SECTION 6: DEFINITIONS

- **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, 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 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, a cosigner's obligation) to repay the remaining balance on your DEAL, DEAL Consolidation, and/or DEAL One Loan.

Earnings from employment cannot exceed the poverty guideline amount for a family of two in your state, regardless of your actual family size.

**Note:** The poverty guidelines amounts are updated annually and may be obtained at <http://aspe.hhs.gov/poverty>.

## SECTION 7: DISCHARGE PROCESS/ELIGIBILITY REQUIREMENTS/TERMS AND CONDITIONS FOR DISCHARGE

**For veterans who have been determined by the VA to be unemployable due to a service-connected disability:**

1. **Review of discharge application by SLND.** SLND will review your completed discharge application and the required documentation you provide from the VA.
  - If the documentation indicates that you are totally and permanently disabled in accordance with paragraph (2) of the definition of "total and permanent disability" in Section 6, your loan holder will refer your application and the accompanying documentation to the Guarantor for further review.
  - If the documentation from the VA does not indicate that you are totally and permanently disabled, you will be notified that you must resume payment of your loan(s).
  - If the documentation from the VA does not indicate that you are totally and permanently disabled in accordance with paragraph (2) of the definition of "total and permanent disability," but it indicates that you may be totally and permanently disabled in accordance with paragraph (1) of the definition, you will be notified that you may reapply for discharge under the process for other applicants, as described on Page 3.
2. **VA Discharge**
  - If SLND determines that you are totally and permanently disabled, you will be notified that your loan(s) has been discharged. The discharge will be reported to national consumer reporting agencies, and any loan payments received on or after the effective date of the determination by the VA that you are unemployable due to a service-connected disability will be refunded to the person who made the payments.
  - If SLND determines that you are not totally and permanently disabled, you will be notified that you must resume repayment of your loan(s).

**For all other applicants:**

1. **Review of discharge application by BND.** BND will review your completed discharge application and any accompanying documentation to determine whether you appear to be totally and permanently disabled in accordance with paragraph (1) of "total and permanent disability" in Section 6.
  - If applicable, BND may also contact your physician for additional information.
  - If SLND determines that you are not totally and permanently disabled, you will be notified of that decision. You must then resume repayment of your loan(s).
2. **Discharge.** If BND determines that you are totally and permanently disabled, you will be notified that a discharge has been granted. The discharge will be reported to national consumer reporting agencies, and any loan payments that were received after the date the physician certified your discharge application will be returned to the person who made the payments.

## SECTION 8: ELIGIBILITY REQUIREMENTS TO RECEIVE FUTURE LOANS

If you are granted a discharge based on a determination that you are totally and permanently disabled in accordance with paragraph (1) and (2) of the definition of "total and permanent disability" in Section 6, you are not eligible to receive future loans unless;

- You obtain a certification from a physician that you are able to engage in substantial gainful activity, and
- You sign a statement acknowledging that the new loan cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled.

**Mail the completed discharge application and required documentation to:**

Attn: Claims  
Bank of North Dakota  
PO Box 5509  
Bismarck, ND 58506-5509