



Disability Refund Form

I. Borrower Information

1. Social Security Number _____
2. Name (Last, First, MI) _____

II. Loan Information

3. Loan Type	4. Unique ID Number	5. 1st Disb DT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Refund Information

6. \$ DI Refund \$ _____

IV. Lender/Service Information and Certification

7. Lender ID _____ 8. Service ID _____
9. Lender/Service Name _____ 10. Lender/Service Address _____
11. Prepared By _____ 12. Preparer's Telephone # _____

By submitting this document to the AES, the lender/holder certifies to the best of its knowledge, the information in this document is true and accurate.

INSTRUCTIONS FOR COMPLETING THE DISABILITY REFUND FORM

This form must be used to provide refund information for a claim submitted for reason of Disability (Total and Permanent) if the lender/servicer has not provided this information in Section VI, field 37b on the Claim Form. If the number of loans requires more space than is provided, attach a separate Disability Refund Form with the following information completed: Section I (borrower information) and Section II (all applicable loan information).

Note: If the loan(s) is permanently discharged, the U.S. Department of Education will be responsible for refunding to the borrower in the amount identified in Section III of this form

I. Borrower Information

1. **Social Security Number:** Provide the borrower's social security number (do not submit this form without a social security number).
2. **Name: (Last, First, MI):** Provide the borrower's last name, first name, and middle initial.

II. Loan Information: For each loan included in the Claim Form, provide the requested information.

3. **Loan Type:** For each loan listed, provide the loan type using one of the following codes: SF=Subsidized Stafford (Including non-subsidized disbursed prior to 10/92); SU=Unsubsidized Stafford; PL=PLUS; SL=SLS; CL=Consolidation.
4. **Unique ID Number(s):** Provide the unique identification number assigned to the loan(s).
5. **1st Disb DT:** For each loan listed, provide the date of the first disbursement.

III. Refund Information

6. **\$ DI Refund:** Provide the total amount of payments made by or on behalf of the borrower that were received by the lender/servicer after the date the borrower became unable to work and earn money.

IV. Lender/Servicer Information and Certification: With this form submission, the lender/servicer certifies full compliance as indicated in this section of the Disability Refund Form.

7. **Lender ID:** Provide the six-digit Department of Education lender code and, as applicable, the four-digit non-Department of Education suffix of the lender or the current holder.
8. **Servicer ID:** If the account is being serviced, provide the six-digit Department of Education servicer code.
9. **Lender/Servicer Name:** If the account is being serviced, provide servicer's name; if there is no servicer, provide the lender's name.
10. **Lender/Servicer address:** If the account is being serviced, provide servicer's address; if there is no servicer, provide the lender's address.
11. **Prepared By:** Provide the name of the person or unit responsible for answering questions about information provided on this form.