

# Physician's Certification of Designated Beneficiary's Total and Permanent Disability Form

Cancellation of a College Illinois!® Prepaid Tuition Contract due to the disability of the Designated Beneficiary may be made without paying a 10% additional federal tax penalty if the Beneficiary is "totally and permanently disabled." A Beneficiary is considered "totally and permanently disabled" if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. This form must be used to certify such disability.

This completed and signed form must be attached to a completed and signed Cancellation Form. If there are multiple Accounts for the same Designated Beneficiary, a copy of this form can be attached to subsequent cancellation requests.

College Illinois! makes no disability determinations on behalf of the Internal Revenue Service (IRS). Therefore, if the IRS determines that the Beneficiary's disability does not exempt you from the 10% penalty on the earnings, College Illinois! is not liable for reimbursement or payment of any penalty assessed by the IRS.

### Section 1 – Designated Beneficiary:

This section is to be completed by the Designated Beneficiary or his/her legal representative if the Beneficiary is a minor or is unable to due to his or her disability.

Please make a copy of this completed form for your records and return this form attached to the completed Cancellation Form to:

College Illinois! P.O. Box 44030 Jacksonville, FL 32231-4030

## **1. Designated Beneficiary**

(To be Completed by the Designated Beneficiary or Legal Representative)

Name (First, Middle, Last, Suffix)	
Street Address/PO Box/Apt. #	
City / State / Zip Code	
Social Security Number (or T.I.N.)	XXX-XX-
(last 4 digits only)	(College Illinois! requires a SSN solely for administration purposes and, where applicable, IRS reporting.)
Davtime Telephone Number	

I certify that I have read and understood the definition of total and permanent disability above. I also certify that I meet the above criteria of having total and permanent disability. I further certify that I have read, understood and agree with Section 2 of this form.

Signature of	Beneficiar	v or Legal	Representative
		,	

Date

#### Section 2 – Physician Instructions:

You are being asked to complete and sign this form to certify that the Designated Beneficiary is totally and permanently disabled. The definition of "totally and permanently disabled" is satisfied if the Beneficiary is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. You may complete this form for the Designated Beneficiary only if you are a doctor of medicine or a doctor of osteopathy and are legally authorized to practice in a state of the United States. Sign the certification only if the Designated Beneficiary's condition meets the above definition of total and permanent disability.

#### 2. Physician Information

(To be Completed by the Certifying Physicia	an)
Name (First, Middle, Last, Suffix)	
Street Address/PO Box/Apt. #	
City / State / Zip Code	
Business Phone	
Is the Designated Beneficiary unable the she is totally and permanently disabled	to attend any post-secondary (college level) educational institution because he or ?
Yes No	Date of Permanent Disability Diagnosis
Physician Certification of Designated	d Beneficiary's Total and Permanent Disability:
I am (check one) doctor of med	licine doctor of osteopathy legally authorized to practice in
The State of	and my professional license number issued by the State
is	·
I hereby certify that the information true and correct.	contained in Section 2 of this form is, to the best of my knowledge and belief,

Signature of Physician

Date

NOTICE Purchasers who knowingly supply fraudulent documentation will be denied the opportunity to participate in the program. In the event a College Illinois! contract has been revised based upon fraudulent documentation, the contract will be terminated subject to the assessment of a termination charge up to \$500.