

# Disability Certification Form



## Instructions

Please use this form to provide Physician's certification if you are canceling your Texas Tuition Promise Fund® account due to the total and permanent disability of the designated Beneficiary.

**This form must be submitted with the Refund Request Form. If there are multiple Accounts for the same Designated Beneficiary, a copy of this form can be attached to subsequent refund requests. Please retain a copy of this completed form for your records.**

Forms are available on our website at [www.texas tuition promise fund.com](http://www.texas tuition promise fund.com), or by calling a Customer Service Representative at **800-445-GRAD (4723), option #5**, Monday through Friday from 8am to 6pm Central Time.

Return this form and any other required documents to:  
Texas Tuition Promise Fund  
P.O. Box 44305  
Jacksonville, FL 32231-4305

## Important Information

Per IRS Regulations, the cancellation of a Texas Tuition Promise Fund (TTPF) 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.

TTPF 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, TTPF 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 do so due to his or her disability.

\_\_\_\_\_  
Name of Beneficiary (first, middle, last)

\_\_\_\_\_  
Social Security Number or Tax ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(       )  
\_\_\_\_\_  
Telephone Number

(       )  
\_\_\_\_\_  
Alternate Phone Number

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

**x**

\_\_\_\_\_  
Beneficiary's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Relationship, if not Beneficiary

*Continued on next page*

## Section 2. | Physician Information and Certification

This section is to be **completed by the Certifying Physician**. As the Certifying Physician, you are being asked to complete and sign this form to certify that the Designated Beneficiary is totally and permanently disabled. 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.

\_\_\_\_\_  
Physician Name (first, middle, last)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( \_\_\_\_\_ )

\_\_\_\_\_  
Business Phone

Is the Designated Beneficiary unable to attend any post-secondary (college level) educational institution because he or she is totally and permanently disabled?

Yes

No

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

I am (check one)  doctor of medicine  doctor of osteopathy

I am legally authorized to practice in the State of \_\_\_\_\_ and my professional license number issued by the State is \_\_\_\_\_.

**I hereby certify that the information contained in Section 2 of this form is, to the best of my knowledge and belief, true and correct.**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

The Texas Tuition Promise Fund® ("Plan") is administered by the [Texas Prepaid Higher Education Tuition Board](#) ("Board") and Orion Advisor Solutions, Inc. is the plan manager. The Plan and the Board do not provide legal, financial, or tax advice and participants in the Plan should consult a legal, financial, or tax advisor prior to purchasing a contract.

Participation in the Plan does not guarantee admission to or graduation from any college or university. Only the purchaser may direct redemptions, withdrawals, changes in beneficiary, or other contract changes. Non-residents of Texas should consider whether their home state, or the beneficiary's home state, offers residents any tax or other state benefits, such as financial aid, scholarship funds, and protection from creditors, that are only available for participants in that state's plan.

You may lose money by participating in the Plan. No part of a contract is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. The contracts have not been registered with or approved by the SEC or any state. Purchasers should carefully consider the risks, fees, charges, and expenses associated with contracts, including Plan termination and reduced Transfer or Refund Value. Transfer Value applies to redemptions at private colleges and universities, out-of-state colleges and universities, medical and dental schools, career schools, and registered apprenticeship programs and is the lesser of: (1) the costs the units would cover at a Texas public college or university; or (2) the original purchase price of the units plus or minus net investment earnings or losses on that amount. The [Plan Description and Master Agreement](#) contain this and other information about the Plan and may be obtained by visiting [www.texastuitionpromisefund.com](http://www.texastuitionpromisefund.com) or calling 800-445-GRAD (4723), option #5. Purchasers should read all Plan documents carefully before purchasing a contract.

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