

State of Michigan
Department of Labor and Economic Opportunity – Workforce Development
King•Chávez•Parks (KCP) Initiative - Future Faculty Fellowship (FFF) Program

TOTAL AND PERMANENT DISABILITY CANCELLATION REQUEST
Adopted October 1, 2001

WARNING: Any person who knowingly makes a false statement or misrepresentation with the intent to defraud on this form or any accompanying documents may be subject to criminal prosecution under MCL 750.218.

Section 1: Fellow Identification

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____

Other Telephone: _____

Section 2: Fellow Cancellation Request

Instructions for Fellow: Before signing this form, carefully read the information on this form. A representative may sign this form on your behalf if you are unable to do so because of your disability. Give this form to your doctor of medicine, osteopathy or psychiatry to complete Section 3 and have him/her return the form directly to the address provided in Section 6.

Fellow Request, Authorization, Understanding and Certifications

I **REQUEST** that my KCP Fellowship agreement obligations or KCP Loan be canceled by the State of Michigan, King•Chávez•Parks Initiative. I certify that I am unable to work/pursue degree completion on a part-time or full-time basis because of an illness or injury that is expected to continue indefinitely.

I **AUTHORIZE** any physician, hospital, or other institution having records about the disability for which I am requesting a cancellation of KCP Fellowship agreement obligations or KCP Loan to make information from these records available to the KCP Initiative.

I **UNDERSTAND** that this cancellation request will not be granted unless (1) all applicable sections of this form are completed, and (2) all additional requested documentation is provided.

I **CERTIFY** that I have read, understand, and meet the eligibility criteria in Section 5 for cancellation due to total and permanent disability.

Signature of Fellow or Fellow's Representative

Date

Name of Fellow's Representative (if applicable)

Address of Fellow's Representative (if applicable)

Representative's Relationship to Fellow

Section 4: King•Chávez•Parks Initiative Certification

I certify that I have reviewed all application and support documentation provided and find that the application is complete and that it supports the conclusion that the Fellow has a Total and Permanent Disability as defined in Section 5 and that all KCP Fellowship agreement obligations and/or KCP Loan are discharged as of the date the Fellow became Totally and Permanently Disabled.

King•Chávez•Parks Initiative Representative Signature

Print Name and Title

Date

\$_____ dollars received as payments after the date of the disabling condition will be requested to be returned by the State of Michigan as of this date _____. (A copy of the letter of request will be forwarded to the Fellow.)

Section 5: Definitions/Eligibility Criteria for Total and Permanent Disability Cancellation

Definition: The condition of an individual who is unable to teach in a postsecondary faculty position on a part-time or full-time basis because of an injury or illness that is expected to continue indefinitely.

Fellow Eligibility Criteria

- You must be unable to teach in a postsecondary faculty position on a part- or full-time basis because of an injury or illness that is expected to continue indefinitely. If you are able – currently or in the future – to work/pursue degree completion, even on a limited basis, you are not eligible for cancellation of your KCP FFF Agreement obligations and/or KCP Loan based on Total and Permanent Disability.
- Your cancellation may not be based on a condition that existed at the time you applied for your KCP Fellowship unless the condition has since substantially deteriorated so that you are now totally and permanently disabled.
- If you are granted a cancellation due to Total and Permanent Disability, you are not eligible for future KCP Fellowships unless you (1) obtain a certification from a physician that you are able to work/pursue degree completion, and (2) acknowledge in writing that the new Fellowship cannot be cancelled on the basis of any condition present when the Fellowship is made, unless the condition substantially deteriorates.

Section 6: Submission of Total and Permanent Disability Cancellation Request

This form must be mailed by the physician's office directly to:

KCP Initiative - FFF
 Workforce Development
 Michigan Department of Labor and Economic Opportunity
 201 N. Washington Sq., 5th Floor
 Lansing, MI 48913

If you need help completing this form, call the KCP Initiative Office at (517) 241-9898.