

Disability Certification for ABLE Account Eligibility

What is an ABLE account? An Achieving a Better Life Experience (ABLE) account allows eligible individuals with disabilities to save and invest without losing eligibility for federal benefits that have income and resource limits. Friends, family, 529 qualified tuition plans or trusts may directly deposit funds into an ABLE account without impacting benefit eligibility. ABLE account investment growth is tax-free. Withdrawals to pay for qualified disability expenses (QDEs) such as education, housing, transportation, healthcare, assistive technology are not considered income and do not impact means-tested benefits.

- A person who has received Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) disability-based benefits from the Social Security Administration (SSA) since before age 46, does not need a disability certification form. The person's SSA benefit statement is proof of ABLE eligibility.
- A person who has not received SSI/SSDI since before age 46 must obtain a signed physician statement, such as this Disability Certification. An ABLE account owner will keep this form for their records should the ABLE plan or the Internal Revenue Services (IRS) request a copy. An ABLE plan may require annual disability certification.

Note: An individual does not need to receive SSI or SSDI to be eligible to open an ABLE account.

Physician Guidance: By signing this form, you are confirming that this person has one or more physical or mental impairments that cause marked and severe functional limitations which have lasted or can be expected to last for a continuous period of 12 months or longer or are expected to result in death, and the impairment began before age 46.

How SSA Disability Rules Apply: The impairment(s), individually or in combination, must meet, medically equal or functionally equal to a condition in the [SSA listing of Impairments](#) or [Compassionate Allowance Conditions listing](#).

- Click [20 CFR § 416.926a](#)) for additional information on SSA rules for functional equivalence. The rules apply without regard to age.

Access an electronic version of this form by scanning the QR code below.



Disability Certification for ABLE Account Eligibility Physician Form

As _____'s licensed health care provider, I certify to the best of my knowledge:

Please check A or B in #1, check #2 as applicable and complete #3.

1. **A.**

This individual has a severe medically determinable impairment that results in marked and severe functional limitations which can be expected to result in death, or have lasted, or can be expected to last for a continuous period of not less than 12 months. I understand that the level of severity is determined by considering the individual's treatment and prescribed interventions.

OR

1. **B.**

This individual is blind under Section 2.0 of the Listing of Impairments (linked on first page).

AND

2. This individual's marked and severe medically determinable impairment or blindness occurred before the individual's forty-sixth (46th) birthday.

3. I am a physician (a doctor of medicine, osteopathy, dental surgery or dental medicine or, as appropriate, a doctor of podiatric medicine, optometry or chiropractor) meeting the criteria of Section 1861(r) of the Social Security Act.

The individual's primary/secondary diagnosis is documented below:

Primary Diagnosis/ICD Code: _____

Secondary Diagnosis/ICD Code (as applicable): _____

Physician's Signature: _____

Date: _____

Print Physician's Name/Title: _____

Telephone Number: _____

Physician's Address: _____

Retain a copy of this form for your records.

This disability certification form is provided courtesy of the [ABLE National Resource Center \(ABLENRC.org\)](http://ABLENRC.org).