Opening an ABLE Account: Do You Need a Doctor's Letter?

An ABLE account is open to you if you have a disability that began before age 46.

How signing up works

You do not send medical records to open an ABLE account. On the plan's website, you check a box saying you qualify. This is called self-certifying. You are signing that it is true, so it must be.

- **You get SSI or SSDI because of a disability.** You qualify. Check the box and you are done.
- **You have a serious, lasting condition that limits your daily life, but no SSI or SSDI.** You can still self-certify. The box you check also says a doctor has diagnosed your condition.

Being born with NAS is not enough by itself. What counts is a condition you have now that seriously limits your daily life.

Our strong advice: get a doctor's letter

It is the best way to protect yourself. If the IRS or your plan ever asks, the letter shows you qualified, so you are protected. Take the next page to a doctor (MD or DO) who knows you. The doctor fills it out and signs only if it is true.

If getting a letter feels like too much

If your disability seriously limits your daily life and you have been seeing doctors for it for years, you probably already have a diagnosis in your medical records. Do not let a new letter stop you from opening your account. Open it, then ask your doctor's office for a copy of your records, or for this letter, when you can. We will help you with either one in a free session.

Keep your letter or records with your important papers. Do not send them to the ABLE plan or the Fund.

If you do not qualify, that is all right. Other choices are covered in the seminar: a check with a plan, a 529 plan for school, or a Roth IRA if you have a job.

Questions? Email NASFinancialPlanning@purduepitrust.com and ask for a free session.

Physician's Statement for ABLE Account Eligibility

Under 26 U.S.C. §529A(e) and Treas. Reg. §1.529A-2(e). Complete on your letterhead or attach this page to it.

Patient name		Date of birth	

1. Diagnosis

Medically determinable impairment(s)	ICD-10 code

☐ The patient is legally blind. If checked, skip to section 4.

2. Onset and duration

Began on or about: _____ (before age 46).

☐ Has lasted 12+ months ☐ Expected to last 12+ months ☐ Expected to result in death

3. How much the condition limits the patient

Check one box for each area of daily life. **Marked** means it seriously interferes. **Extreme** means it very seriously interferes.

Area of daily life	Less than marked	Marked	Extreme
Learning and using information	☐	☐	☐
Paying attention and finishing tasks	☐	☐	☐
Getting along with others	☐	☐	☐
Moving around and using hands	☐	☐	☐
Taking care of self	☐	☐	☐
Physical health	☐	☐	☐

How the impairment limits daily activities (school, work, self-care, relationships):

4. Physician's statement

I have personally evaluated this patient. In my medical opinion, the patient has the impairment(s) described above, which result in marked and severe functional limitations (or blindness) of the onset and duration stated, based on my examination and the patient's medical records.

_____ _____

Signature Date

☐ MD ☐ DO

_____

Printed name