

**GRADUATE APPOINTEE INSURANCE PROGRAM  
PETITION FOR SELF-PAY  
WHILE ON APPROVED ACADEMIC LEAVE OF ABSENCE**

You may request consideration for eligibility in the Self-Pay Option of the Graduate Appointee Insurance Plan for the duration of your academic leave if you meet all of the following criteria:

1. You held a UW-paid GAIP-eligible appointment immediately prior to your leave.
2. You will be on a department-approved leave and anticipate holding a GAIP-eligible appointment immediately upon your return.
3. Your employing department will document this anticipated appointment.

**It is the student's responsibility to ensure that this form is completed by the department and received by the Benefits Office on or before the last day of the first month of the leave.**

SECTION I – COMPLETED BY GRADUATE APPOINTEE				
Last Name:	First Name:	Middle:	Student ID Number:	
Local Address:	City:	State:	Zip:	Phone Number:
Graduate Degree Program:		Email Address:		
Appointee Signature: _____			Date: _____	
<b>Attach a copy of your Graduate Leave Approval Confirmation.</b>				

SECTION II – COMPLETED BY DEPARTMENT	
Will the above named student be on a department-approved leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	What are the approved start and end dates of this leave? Start: _____ End: _____
Will the above named student hold a UW-paid GAIP-eligible appointment in the quarter immediately following his/her return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dean or Chair Signature: _____	Date: _____
Name (type or print): _____	School or Department (type or print): _____

**Return this form and attachments to: UW Benefits Office  
Campus Box 359556  
Attn: GAIP**

BENEFITS OFFICE USE ONLY	
Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefits Consultant Signature: _____	Date: _____
Name (type or print): _____	