

**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:	
SECTION II – COMPLETED BY DEPARTMENT				
Will the above named student be on a department-approved leave? Yes <input type="checkbox"/> No <input type="checkbox"/>		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: [UWGAIP@UW.EDU](mailto:UWGAIP@UW.EDU)

Or

**UW Benefits Office  
Campus Box 354969  
Attn: GAIP**

**BENEFITS OFFICE USE ONLY**

Approved?

Yes

No

\_\_\_\_\_  
Benefits Consultant Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name (type or print):

University of Washington | Human Resources  
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UW Benefits Office  
Campus Box 354969  
Phone: 206-543-4444