



# UChicago Student Wellness

## MEDICAL / PARENTAL RELIEF LEAVE OF ABSENCE APPLICATION

**TO BE COMPLETED BY STUDENT:** Complete as appropriate, sign, and submit to your area Dean of Students.

Name: \_\_\_\_\_ UCID: \_\_\_\_\_ Department: \_\_\_\_\_  
(First) (Last)

Address While on Leave: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip) (Country)

Telephone Number While on Leave: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Leave:  Parental Relief Leave of Absence  General Medical Leave of Absence

Effective Date: \_\_\_\_\_ Quarter of Expected Return: \_\_\_\_\_  
(quarter/year) (quarter/year)

Are you currently enrolled in U-SHIP (student health insurance)? Yes  No

If Yes, do you wish to remain on U-SHIP through the current plan year (Aug 31<sup>st</sup>)? Yes  No

If yes, please NOTE:

- Your U-SHIP coverage will continue through the current plan year (August 31<sup>st</sup>). Because students are eligible for four (4) quarters of U-SHIP coverage, when the Leave of Absence crosses plan years (e.g., Spring Quarter until following Winter Quarter), insurance coverage may be provided that crosses two separate plan years, at different premium rates.
- While on U-SHIP, you are eligible for services at UChicago Student Wellness and will be assessed the Student Services Fee each quarter (i.e., Autumn, Winter, Spring). Please note: Students enrolled in U-SHIP will incur a \$50 non-referral deductible per visit if they see a provider without receiving a referral from UChicago Student Wellness. Exception: Students who live 50+ miles from Hyde Park may request an exemption from the quarterly Student Services Fee and will not be charged the \$50 U-SHIP non-referral deductible. To request an exemption go to your My.UChicago account, MyAccount- Students Services Fee Waiver.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(your signature indicates you have read the above information) (mo/day/yr)

### TO BE COMPLETED BY AREA DEAN OF STUDENTS: Medical/Parental Relief Leave of Absence Decision

\_\_\_\_\_ Granted for the period: \_\_\_\_\_ to \_\_\_\_\_  
(quarter/year) (quarter/year)

\_\_\_\_\_ Denied for the following reason:

DOS Signature \_\_\_\_\_ Date: \_\_\_\_\_

If approved, DOS please e-mail a copy of this application to both Pete Segall in the Registrar's office ([psegall@uchicago.edu](mailto:psegall@uchicago.edu)) and Celia Bergman in Campus and Student Life at [cbergman@uchicago.edu](mailto:cbergman@uchicago.edu).