

Return completed form to:

G E B A

P.O. Box 206
Annapolis Junction, MD 20701-0206

Serving Our Members For



For GEBA Use Only

Date Received (mm/dd/yyyy):

Member Number

Long-Term Care Inquiry/Quote Request

General Information:

Applicant's Name (First, MI, Last)	Social Security No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street)	Date of Birth (mm/dd/yyyy)	Home Email Address
(City) (State) (ZIP)	Home Phone No.	Black/Non-Classified Phone No.

Type of Member:

- Active Intelligence Community Employee
 - Retired Intelligence Community Employee
 - Military Assignee (Assigned to NSA -W)
 - Surviving Spouse of Employee/Retiree
 - Contractor (Assigned to NSA -W)
- Contracting Company Name _____

Hire Date: _____
 Hire Date: _____ Retirement Date: _____
 Assignment Date: _____
 Employee/Retiree Name: _____
 Assignment Date: _____

Indicate the Intelligence Community organization you are with or were last with: (Please check only one)

- Office of the Director of National Intelligence

Program Managers

- Central Intelligence Agency (CIA)
- Defense Intelligence Agency (DIA)
- Federal Bureau of Investigation, Directorate of Intelligence, National Security Branch (FBI)
- National Geospatial-Intelligence Agency (NGIA)
- National Reconnaissance Office (NRO)
- National Security Agency (NSA)

Departmental

- Drug Enforcement Administration, Intelligence Division (DEA)
- Department of Energy, Office of Intelligence
- Department of Homeland Security, Office of Intelligence and Analysis (DHS)
- Department of State, Bureau of Intelligence and Analysis
- Department of Treasury, Office of Intelligence and Analysis

Services

- U.S. Air Force/ Intelligence and Air Intelligence Agency
- U.S. Army/DCS, G2 & Intelligence & Security Command
- U.S. Coast Guard/Intelligence & Criminal Investigations
- U.S. Marine Corps/Intelligence & Marine Corp Intelligence Activity
- U.S. Navy/Office of Naval Intelligence (ONI)

How did you hear about us? _____

Signature: _____ Date: _____

At GEBA, there are no membership fees required to be a member. After enrolling into at least one of GEBA's insurance or investment plans, you are considered a GEBA member. Continuing to pay your premium for at least one plan allows you to remain a GEBA member in good standing. Once a GEBA member, always a GEBA member.

Long-Term Care Inquiry/Quote Request (Member Information)

Please return this form to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206
 Call us with questions at (301) 688-7912 or (800) 826-1126.

Basic Information

Name (First, MI, Last)		Social Security #:	Member # (if available):
Number of children and ages:		Goals (Why are you choosing Long-Term Care Insurance?)	
Do you have any dependent adult children? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Maintain Wealth	<input type="checkbox"/> Not a Burden
Height: _____ Weight: _____		<input type="checkbox"/> Peace of Mind	<input type="checkbox"/> Other: _____
Date of Birth (mm/dd/yyyy): _____			
Marital/Partner Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			

Health Information and History

Within the last 10 years, have you received medical advice, diagnosis or treatment or consulted with a medical professional for any medical conditions? Please explain the details here or, if necessary, use a separate sheet of paper.

Conditions	Date of Onset	Details

Have you been treated for diabetes or elevated blood sugar? If yes, please provide the following information: Medications taken for diabetes or elevated blood sugar: _____ _____	Insulin: Number of units taken daily _____ Fasting Blood Sugar: _____ Have you smoked in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Prescription Medications Used Within the Last 12 Months

Medications	Dosage	Reason for Taking

Hospitalization

Have you been hospitalized in the last 10 years? Please include residual conditions or, if necessary, use a separate sheet of paper.

Date	Detail

Signature: _____ Date: _____

Is your spouse or domestic partner also applying? Yes No
 If "Yes", please complete Spouse/Domestic Partner Application on the following page.

If you require additional room to write, please attach a separate piece of paper to this application.

Long-Term Care Inquiry/Quote Request (Spouse/Domestic Partner Information)

Please return this form to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206
 Call us with questions at (301) 688-7912 or (800) 826-1126.

Basic Information

Name (First, MI, Last)	Social Security #:	Member # (if available):
Number of children and ages:	Goals (Why are you choosing Long-Term Care Insurance?)	
Do you have any dependent adult children? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintain Wealth <input type="checkbox"/> Not a Burden	<input type="checkbox"/> Peace of Mind <input type="checkbox"/> Other: _____
Height: _____ Weight: _____	Date of Birth (mm/dd/yyyy): _____	

Health Information and History

Within the last 10 years, have you received medical advice, diagnosis or treatment or consulted with a medical professional for any medical conditions?

Conditions	Date of Onset	Details

Insulin: Number of units taken daily _____ Fasting Blood Sugar: _____	Have you been treated for diabetes or elevated blood sugar? If yes, please provide the following information: Medications taken for diabetes or elevated blood sugar: _____ _____
Have you smoked in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Prescription Medications Used Within the Last 12 Months

Medications	Dosage	Reason for Taking

Hospitalization

Have you been hospitalized in the last 10 years? Please include any residual conditions.

Date	Detail

Signature: _____ Date: _____

If you require additional room to write, please attach a separate piece of paper to this application.

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Main Address

9800 Savage Road
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Maryland 20755 -6104

Mailing Address

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Maryland 20701 -0206

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(301) 688-7912

Web: www.geba.com

Email: geba@geba.com