

Please return completed form to:

G E B A

P.O. Box 206
Annapolis Junction, MD 20701

Serving Our Members For



Member Number

Change of Membership Information Form

Please return this form to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206.

Telephone: (301) 688-7912 or (800) 826-1126.

General Information:

Member's Name (First, MI, Last)	Member ID or Last 4 Digits of 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.

The above is my new contact information as of: (Date) _____.

Type of Member:

<input type="checkbox"/> Active Intelligence Community Employee	Hire Date: _____
<input type="checkbox"/> Retired Intelligence Community Employee	Hire Date: _____ Retirement Date: _____
<input type="checkbox"/> Military Assignee (Assigned to NSA-W)	Assignment Date: _____
<input type="checkbox"/> Surviving Spouse* of Employee/Retiree	Employee/Retiree Name: _____
<input type="checkbox"/> Contractor (Assigned to NSA-W)	Assignment Date: _____
Contracting Company Name: _____	

Change of Name:

New Name: _____ Reason for Name Change: _____
**Please include a copy of your driver's license with your new name.*

Change in Employment Status:

Resigning from the Intelligence Community: (Date) _____ Retiring: (Date) _____
 Transferring to new IC Agency (Please indicate): _____
 Moving to Contractor Status: _____

Change in Payment Method:

Please change my payment method to:

Quarterly Direct Bill* Payroll Allotment (Available to the NSA and DIA)
 Semi-annual Direct Bill* Auto Debit (Complete GEBA's Automatic Debit form available at www.geba.com.)
 Annual Direct Bill

Please indicate which plan(s) you would like this change applied to:

<input type="checkbox"/> Group Term Life Insurance	<input type="checkbox"/> Vision Insurance	<input type="checkbox"/> Delta Dental Insurance
<input type="checkbox"/> AFLAC Benefit Plans	<input type="checkbox"/> Emergency Travel Insurance	<input type="checkbox"/> Long-Term Disability Insurance
<input type="checkbox"/> Group Long-Term Care Insurance (CIGNA)	<input type="checkbox"/> Professional Liability Insurance	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> GEBA MAX (Jackson National)	<input type="checkbox"/> Supplemental Retirement Plan (SRP)	

**Starting January 1, 2010, quarterly and semi-annual direct billing options will incur a \$2.00 fee per product per bill.*

Please have a GEBA Member Services Representative contact me regarding: _____

Best time to call: _____

Signature:

I hereby authorize GEBA to change my member record according to the information I have provided on this form.

Signature: _____ Date: _____

NOTE: Because of Privacy Laws, GEBA is prevented from making address changes or account changes to Long-Term Care Policies. If you are a Long-Term Care policyholder who is being billed by the carrier, it is necessary to contact the carrier directly. For your convenience, the following customer service numbers are provided: CNA (for policies issued after 1990): (800) 775-1541, CNA (for policies issued prior to 1990): (800) 447-4982, John Hancock: (800) 543-6415, GE Capital: (800) 456-7766

Form Updated: 4/20/2010