

Please return completed form to:

G E B A

P.O. Box 206
Annapolis Junction, MD 20701

Serving Our Members For



Member Number

Reduction in Coverage 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.

Type of Member:

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

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

Term Life Insurance Plan Long-Term Disability Insurance Plan
 Current coverage amount: _____ New coverage amount requested: _____

Term Life dependent coverage for: _____
 Current coverage amount: _____ New coverage amount requested: _____

Reason for Reduction in Coverage:

Received notification of premium and/or coverage change Coverage is no longer needed
 Retirement Other: _____

Effective Date of Change:

First of the next billing period First of the next month Specific Date: _____

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

I hereby authorize GEBA to change my insurance coverage according to the information I have provided on this form. A new certificate will be sent to confirm reduction in coverage.

Signature: _____ Date: _____