

Please return completed form to:

G E B A

P.O. Box 206
Annapolis Junction, MD 20701

Serving Our Members For



Member Number

Retirement/Resignation 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.

I am: **Retiring** from Intelligence Community Date: _____
 Resigning from Intelligence Community Date: _____

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: _____

Retirement/Resignation:

- CONTINUE MY COVERAGE:** I am a **Term Life, Emergency Travel, Dental, Vision, and/or AFLAC** policyholder, and I wish to be billed quarterly or pay by automatic debit upon my departure. If I am currently paying quarterly premium bills or by automatic debits, I understand that I will continue to receive quarterly bills or have funds debited from my account.*
- I am a **Supplemental Retirement Plan** investor, and I understand that my payroll-deducted contributions will cease upon my retirement, but I would like to continue my contributions through automatic debit.*
- CANCEL MY COVERAGE:** I am enrolled in and wish to cancel the following plans after my last payroll deduction:
- Term Life Insurance** **Emergency Travel** **Dental** **AFLAC**
 Vision **Long Term Disability** **Professional Liability Insurance**
- BECOMING A CONTRACTOR:** I am a Long Term Disability policyholder leaving the agency, but returning as a contractor assigned to the agency and I wish to continue my Long Term Disability coverage paying quarterly premium or automatic debit.*

Other: _____

I UNDERSTAND: That my coverage for the following policies will terminate due to my departure from the agency after my last payroll deduction or at the end of the month in which I resign/retire and I will be refunded the unused portion of my paid premiums: **Long Term Disability, Professional Liability Insurance.**

I UNDERSTAND: That my payroll-deducted contribution into a **Supplemental Retirement Plan** will cease upon my departure, but I am able to continue contributions through automatic debit if I choose.*

*If you would like to elect Automatic Debit payments, please complete and attach the GEBA/GEMBA Automatic Debit Form.

Signature: _____ Date: _____