

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

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### **How to Enroll**

1. Complete this GEBA/GEMBA Automatic Debit Form.
2. Choose your account:
  - Checking Account: Include a voided check or photocopy of your check with this form.
  - Savings Account: Carefully fill out your savings account information on the back of this form.
3. Enclose this form (and your voided check if Auto Debit is from your checking account) in an envelope.
4. Mail this form to GEBA at P.O. Box 206, Annapolis Junction, MD 20701.

You may cancel participation in the Automatic Debit service at any time. Just notify us in writing at least 10 days before the next payment deduction date.

Check with your bank to determine if additional charges for a debit apply, and ask how it will describe automatic debits on your bank statement. If you plan to have payments deducted from a savings account, please check with your bank to see if there are limitations (if any) on recurring debits.

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### **Insurance Premium Payments**

The amount of your insurance premium is automatically transferred from your bank account and paid to GEBA on the first business day of the month in which the premium is due (see [www.geba.com](http://www.geba.com) ► Resource Center ► Forms ► 2010 Insurance Auto Debit Schedule). Your bank statement will reflect the payment just as if you'd written a check and sent it to us.

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### **Supplemental Retirement Plan (SRP) Contributions**

The amount of your SRP contribution is automatically transferred from your bank account and paid to GEMBA either biweekly or monthly following the established contribution date schedule. You must also complete a "Contribution Form," which is found in the GEBA office or on the website at [www.geba.com](http://www.geba.com).

You will receive a "Contribution Confirmation" from GEMBA indicating the date your payment was invested. Your bank statement will reflect the payment just as if you'd written a check and sent it to us.

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

*Solutions today for a secure financial tomorrow.*

<input type="checkbox"/> <b>Change Existing Account Information</b> <input type="checkbox"/> Change my Auto Debit as of _____ (date) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Frequency             <input type="checkbox"/> Bank           </div>	<input type="checkbox"/> <b>Establish New Account</b> <input type="checkbox"/> Start My Auto Debit _____ (date)
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**Member Information:**

Full Name: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_ Member #: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_\_ *(Leave blank, if unknown.)*  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Black Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**GEBA:**

Plan Type	Frequency (circle one for each plan type)			
Term Life	Monthly	Quarterly	Semi-Annually	Annually
Long-Term Disability/LTD Dependent Coverage	Monthly	Quarterly	Semi-Annually	Annually
Long-Term Care (CIGNA plans only)	Monthly	Quarterly	Semi-Annually	Annually
Emergency Travel Plan	Monthly	Quarterly	Semi-Annually	Annually
AFLAC Benefits Plan	Monthly	Quarterly		Annually
Dental Coverage	Monthly	Quarterly	Semi-Annually	Annually
Vision Insurance	Monthly	Quarterly	Semi-Annually	Annually
Professional Liability Insurance				Annually

**GEMBA: Contribution form must be submitted.**

Plan Type	Frequency (circle one and write amount for each plan type)	
<i>SRP – SVA</i>		
Group Annuity	Bi-weekly \$ _____	Monthly \$ _____
IRA	Bi-weekly \$ _____	Monthly \$ _____
Roth IRA	Bi-weekly \$ _____	Monthly \$ _____
<i>SRP – MetLife (Variable)</i>		
Group Annuity	Bi-weekly \$ _____	Monthly \$ _____
Traditional IRA	Bi-weekly \$ _____	Monthly \$ _____

Bank Name: \_\_\_\_\_

<p><b>Debit the Account Below</b> Please check <u>ONE</u> item below:</p> <input type="checkbox"/> Checking Account (enclose a copy or voided check) <input type="checkbox"/> Savings Account (complete account information)	<p><b>Account Information</b> Please complete <u>BOTH</u> ABA and account number below:</p> Bank ABA #: _____ Your Account #: _____
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*I hereby authorize Government Employees' Benefit Association, Inc. (GEBA) to debit my checking/savings account according to the published schedule. I understand that GEBA reserves the right, upon written notification, to terminate my participation in this payment option. If an automatic debit is returned for any reason including insufficient funds, closed or unauthorized account, GEBA will not be able to process payment. I understand that I may be subject to a \$20 charge if payment is rejected, reversed, or refused by my financial institution. I may cancel participation in the GEBA Automatic Debit service with written notice 10 days prior to the premium due date.*

**Signature of Bank Account Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: Check with your bank to determine if additional charges for a debit apply, and ask how it will describe automatic debits on your bank statement. If you plan to have payments deducted from a savings account, please check with your bank to see if there are limitations (if any) on recurring debits.*

**Date Received at GEBA Office:**