

Please return completed form to: <b>G E B A</b> P.O. Box 206 Annapolis Junction, MD 20701		Serving Our Members For 	<b>Member Number</b>  
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## Delta Dental Insurance Enrollment Form

### 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.

*Members/applicants having concerns about email communications should not provide their email address.  
All correspondence with such members shall be conducted via regular mail.*

### Type of Member:

<input type="checkbox"/> Active 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"/> Spouse of Employee/Retiree	Employee/Retiree Name: _____
<input type="checkbox"/> Contractor (Assigned to NSA-W)	Assignment Date: _____
Contracting Company Name _____	

### Indicate the Department of Defense (DoD) organization you are with or were last with (Please check only one):

- Defense Career Management Support Agency (DCMSA)
- Defense Information Systems Agency (DISA)

### Intelligence Community

- Office of the Director of National Intelligence (ODNI)

### 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 (NGA)
- 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)
- Other: \_\_\_\_\_

### How did you hear about us?

- |  |   |
|--|---|
| <input type="checkbox"/> New Hire/PCS Briefing or Packet | <input type="checkbox"/> Word of Mouth                  |
| <input type="checkbox"/> Website                         | <input type="checkbox"/> Member Services Representative |
| <input type="checkbox"/> Brochure                        | <input type="checkbox"/> Newsletter/Mailing             |
| <input type="checkbox"/> Promotional Table               | <input type="checkbox"/> Email                          |

**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.*

# Delta Dental Insurance Enrollment Form

FOR GEBA USE ONLY

Group Name: Government Employees' Benefit Association

Group #: 7225-\_\_\_\_\_

Effective Date: \_\_\_\_\_

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.

## Type of Enrollment (please check one):

- Open Enrollment New Enrollment  
 Open Enrollment Coverage Change

- New Hire Enrollment  
 Change of Dependents

If so, Hire Date: \_\_\_\_\_  
 Returning from Overseas Enrollment

## Member Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Your Plan and Payment Options (please check one):

Which Plan?	Who will be covered?	Please circle your choice of payment method below. (Shaded options are not available.)					
			Biweekly	Monthly	Quarterly	Semi-Annual	Annual
<b>Delta Care USA HMO</b> <i>(Available in Florida, Georgia, Maryland, Pennsylvania, Texas and Washington, D.C., only)</i>	Member	NSA/DIA Payroll Allotment	\$8				
		Direct bill from GEBA			\$52	\$104	\$208
		Auto Debit from bank		\$17.33	\$52	\$104	\$208
	Member Plus One	NSA/DIA Payroll Allotment	\$13				
		Direct bill from GEBA			\$84.50	\$169	\$338
		Auto Debit from bank		\$28.17	\$84.50	\$169	\$338
	Member Plus Family	NSA/DIA Payroll Allotment	\$18				
		Direct bill from GEBA			\$117	\$234	\$468
		Auto Debit from bank		\$39	\$117	\$234	\$468
<b>Basic Delta Dental PPO</b>	Member	NSA/DIA Payroll Allotment	\$13				
		Direct bill from GEBA			\$84.50	\$169	\$338
		Auto Debit from bank		\$28.17	\$84.50	\$169	\$338
	Member Plus One	NSA/DIA Payroll Allotment	\$22				
		Direct bill from GEBA			\$143	\$286	\$572
		Auto Debit from bank		\$47.67	\$143	\$286	\$572
	Member Plus Family	NSA/DIA Payroll Allotment	\$29				
		Direct bill from GEBA			\$188.50	\$377	\$754
		Auto Debit from bank		\$62.83	\$188.50	\$377	\$754
<b>Enhanced Delta Dental PPO</b>	Member	NSA/DIA Payroll Allotment	\$20				
		Direct bill from GEBA			\$130	\$260	\$520
		Auto Debit from bank		\$43.34	\$130	\$260	\$520
	Member Plus One	NSA/DIA Payroll Allotment	\$39				
		Direct bill from GEBA			\$253.50	\$507	\$1,014
		Auto Debit from bank		\$84.50	\$253.50	\$507	\$1,014
	Member Plus Family	NSA/DIA Payroll Allotment	\$59				
		Direct bill from GEBA			\$383.50	\$767	\$1,534
		Auto Debit from bank		\$127.84	\$383.50	\$767	\$1,534

Note: You must be enrolled in the Basic Delta Dental PPO for at least one(1) year before upgrading to the Enhanced Plan.

Note: For new enrollees, if selecting direct bill from GEBA as your payment method, please include your first premium payment with this enrollment form.

Do you have coverage under another dental plan?  Yes  No

If yes, please complete:

Name & Address of Carrier(s): \_\_\_\_\_ Group Number: \_\_\_\_\_

Employer Insurance is Offered Through: \_\_\_\_\_

**Dependents (please check one)**

*Plan participants may elect coverage for a spouse, domestic partner, and dependent children up to age 19 (unless a full time student in which case the age limit is through the age of 22). Coverage for a dependent child cancels immediately upon attainment of age limit, 19 or 23.*

Dependents for new application

Add dependents listed below to coverage

Delete dependents listed below from coverage

Add domestic partner listed below to coverage. Visit [www.geba.com](http://www.geba.com) to print or call to request our Declaration of Domestic Partnership Form. Partner's membership cannot be processed until GEBA has this form on file.

List all family members to be covered:

	Last name (if different)	First Name	MI	Sex	Birth Date	SSN
Spouse	_____	_____	_____	M F	____/____/____	_____
Domestic Partner	_____	_____	_____	M F	____/____/____	_____
Child	_____	_____	_____	M F	____/____/____	_____
Child	_____	_____	_____	M F	____/____/____	_____
Child	_____	_____	_____	M F	____/____/____	_____
Child	_____	_____	_____	M F	____/____/____	_____

Effective Date of Above Change(s): \_\_\_\_\_

Reason for above change(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Employee:** Enrollment is limited to the first 30 days of hire to an Agency in the United States Intelligence Community. For contractors and military assigned to NSA-W, enrollment is limited to 30 days from date of assignment.

**Annual Open Enrollment:** November 1<sup>st</sup> through mid-December of each year.

# G ≡ B A

**Main Address**

9800 Savage Road  
OPS 2A (VCC Rm. 201) Fort Meade  
Maryland 20755-6104

**Mailing Address**

P.O. Box 206  
Annapolis Junction  
Maryland 20701-0206

**Phone:** (800) 826-1126  
(301) 688-7912

**Fax:** (301) 688-6694

**Web:** [www.geba.com](http://www.geba.com)

**Email:** [geba@geba.com](mailto:geba@geba.com)