

Return completed form to:

G E B A

P.O. Box 206
Annapolis Junction, MD 20701-0206

Serving Our Members For



Member Number

Professional Liability Insurance Enrollment Form

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 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 a GEBA member. Paying 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.

Professional Liability Insurance Enrollment Form

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.

Member Information:

Name: _____ SSN: _____ Member #: _____
(if unknown, leave blank)

Coverage: \$1,000,000 Damages / \$100,000 Legal Defense

Plan Year is January 1 – December 31

Coverage can begin at the first of any month using the prorated chart for premium due. Annual bills are sent in December for \$266.00 for the year (January 1 – December 31).

EXAMPLE: An application submitted on April 2nd would be effective on May 1st.

January 1	\$266.00	July 1	\$132.99
February 1	\$243.83	August 1	\$110.83
March 1	\$221.66	September 1	\$88.66
April 1	\$199.49	October 1	\$66.49
May 1	\$177.33	November 1	\$44.33
June 1	\$155.16	December 1	\$22.16

Coverage effective date: _____

Return the completed form with a check made payable to: GEMBA.

I hereby certify that I am a United States Department of Defense (DoD) employee; eligible to enroll under the GEBA sponsored Professional Liability Insurance Policy. I also attest that, as of this date, I have no knowledge of any allegation, claim or suit, or any act error or omission which might reasonably be expected to result in a claim or suit.

Signature: _____ Date: _____