



Vision 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 Intelligence Community 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.

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Please return this completed form to:
GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206.



Member's Name (First, MI, Last)	Email Address:	Phone Number:	Member ID:
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Please **CHECK one** option below in the **Standard Plan** OR the **Enhanced Plan**.

(You may change your plan selection after your 12-month anniversary.)

STANDARD PLAN

	Employee only	Employee + One	Employee + Family
Bi-Weekly Payroll Allotment (NSA & DIA Only)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$7	<input type="checkbox"/> \$10
Monthly Auto Debit	<input type="checkbox"/> \$8.67	<input type="checkbox"/> \$15.17	<input type="checkbox"/> \$21.67
Quarterly	<input type="checkbox"/> \$26	<input type="checkbox"/> \$45.50	<input type="checkbox"/> \$65
Semi-Annually	<input type="checkbox"/> \$52	<input type="checkbox"/> \$91	<input type="checkbox"/> \$130
Annually	<input type="checkbox"/> \$104	<input type="checkbox"/> \$182	<input type="checkbox"/> \$260

ENHANCED PLAN

	Employee only	Employee + One	Employee + Family
Bi-Weekly Payroll Allotment (NSA & DIA Only)	<input type="checkbox"/> \$5	<input type="checkbox"/> \$8	<input type="checkbox"/> \$11
Monthly Auto Debit	<input type="checkbox"/> \$10.84	<input type="checkbox"/> \$17.34	<input type="checkbox"/> \$23.84
Quarterly	<input type="checkbox"/> \$32.50	<input type="checkbox"/> \$52	<input type="checkbox"/> \$71.50
Semi-Annually	<input type="checkbox"/> \$65	<input type="checkbox"/> \$104	<input type="checkbox"/> \$143
Annually	<input type="checkbox"/> \$130	<input type="checkbox"/> \$208	<input type="checkbox"/> \$286

Please **LIST All Covered Family Members**: Plan participants may elect coverage for a spouse/domestic partner and dependent children up to age 19 or enrolled as a full-time student to their 25th birthday.

	Gender (Circle One)	First Name	Middle Initial	Last Name	Birth Date	Full-Time Student?
Spouse/Dom. Partner*	Male Female				___/___/___	Yes No
Child	Male Female				___/___/___	Yes No
Child	Male Female				___/___/___	Yes No
Child	Male Female				___/___/___	Yes No
Add Additional Child	Male Female				___/___/___	Yes No

Any special needs child covered on medical? Please provide the child's name. Birth Date ___/___/___

Billing Information (Please check one.)

Payroll Allotment	Direct (Paper) Bill from GEBA	Auto Debit from Your Checking or Savings Account
<input type="checkbox"/> Bi-Weekly (NSA & DIA Employees Only)	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually

Please include your first payment with this completed enrollment form. Please complete a GEBA automatic debit form.

Please Sign Below

By signing below, I agree to pay a full year of premium payments. I understand that if I cancel coverage before paying for a full year of premium payments, the balance will be due at the time of cancellation. Rates are based on 100% member contributions. By using GEBA's quarterly and semi-annual direct (paper) billing service, a \$2.00 service charge will be included with each bill you receive in the mail. I certify that the above information is correct.

Signature: _____ Date: _____

*Visit geba.com to print, or call to request our Declaration of Domestic Partnership form. Applications cannot be processed until this form is on file with GEBA.

Schedule of Vision Benefits: STANDARD PLAN

Co-Payment: \$0	Participating Provider	Non-Participating Provider
Eye Examination: Once Every 12 months	Covered 100%	Reimbursement Amt: Up to \$40
Lenses: Once Every 12 Months UV Coating Solid Tints Fashion Tints Blended Bifocals	Covered 100% Covered 100% Covered 100% Covered 100%	N/A N/A N/A N/A
Frames: Once every 12 months	Up to \$135 Retail Allowance: 20% discount off remaining balance over \$135. ³	Up to \$50
Contact Lenses: Elective ¹	In lieu of lenses: Covered up to \$130. Retail allowance (15% Discount (conventional) or 10% discount (disposable) off balance over \$130. ⁴	In lieu of lenses: Up to \$130
<i>Medically Necessary</i> ²	Covered 100%	Up to \$260
Low Vision Aids ³ Once every 24 months	Covered up to \$999 retail allowance	N/A

¹Fitting & Follow-up Fees are deducted from the Constant Lens Allowance shown above unless otherwise specified

² Prior authorization required from NVA

³ Discount does not apply to Walmart™ or Sam's Club™ locations.

⁴ Discount does not apply to Walmart™ or Sam's Club™ locations, Cole corporate loc. (if applicable) or Contact Fill.

NOTE: If covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

Anti-Reflective Coating (Standard): \$40

Polycarbonate SV (Over Age 19): \$25

Polycarbonate BI (Over Age 19): \$30

Polycarbonate TRI (Over Age 19): \$30

Glass Photogrey SV: \$20

Glass Photogrey BI: \$30

Glass Photogrey TRI: \$30

Transitions SV (Standard): \$65

Transitions BI (Standard): \$70

Transitions TRI (Standard): \$70

Scratch Resistant Coating (Standard): \$10

Progressive (Standard): \$50

Polarized: \$75

High Standard: \$55

Schedule of Vision Benefits: ENHANCED PLAN

Co-Payment: \$10	Participating Provider	Non-Participating Provider
Eye Examination: Once Every 12 months	Covered 100% after \$10 Copay	Reimbursement Amt: Up to \$40
Lenses Once Every 12 Mos. Solid Tints Fashion Tints Photochromatic Standard Transitions Standard Scratch Coating Standard Progressives Polycarbonates Blended Bifocals	Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100%	N/A N/A N/A N/A N/A N/A N/A N/A
Frames: Once every 12 months	Up to \$135 Retail Allowance: 20% discount off remaining balance over \$135. ³	Up to \$50
Contact Lenses: Elective ¹	In lieu of lenses: Covered up to \$130. Retail allowance (15% discount (conventional) or 10% discount (disposable) off balance over \$130.) ⁴	In lieu of lenses: Up to \$130
<i>Medically Necessary</i> ²	Covered 100%	Up to \$260
Low Vision Aids ³ Once every 24 months	Covered up to \$999 retail allowance	N/A

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STANDARD PROGRESSIVE LENSES: Adapter, A.O. Pro, Balance, Balance Mini, Image, Navigator, Navigator Short, Shoreview, Shoreview Mini, Solomax, Super No Line and VIP

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

UV Coating: \$12

Anti-Reflective Coating (Standard): \$40

Polarized: \$75

High Standard: \$55

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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

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Web: www.geba.com

Email: geba@geba.com