



Solutions today for a secure financial tomorrow.

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

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Home Phone: _____
(If blank, please complete)

Membership Status: *If you are retiring/resigning and working as an Agency Contractor, please indicate.*

- Intelligence Community Employee NSA/CSS Military Assignee Intelligence Community Retiree
- Agency Contractor: Contractor's name _____
- Spouse of employee/retiree/military: Spouse's name _____ SSN: _____

Member Visitees:

(See back page for complete definition of "immediate family".)

Name	Relationship

** If you need more space, please attach another sheet of paper with additional visitee information.*

Spouse Information:

Name: _____ Date of Birth: _____

Address (if different from above): _____

Spouse's Visitees:

Name	Relationship

** If you need more space, please attach another sheet of paper with additional visitee information.*

Dependent Information:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Dependents' Visitees:

If you have chosen Option 4, Dependent Coverage under this policy, your dependents are automatically covered to visit you and your spouse's visitees. If there are additional visitees, please list the family members to be covered as *Dependent's Immediate Family* below. Please DO NOT repeat previously listed family members.

Name	Relationship

**If you need more space, please attach another sheet of paper with additional visitee information.*

Important Information Concerning ETP Visitee Eligibility:

Visitees include *immediate family* only. This refers to:

- Mother
- Father
- Step-mother
- Step-father
- Brothers
- Sisters
- Step-brothers
- Step-sisters
- Spouse/Domestic Partner
- Sons
- Daughters
- Step-sons
- Step-daughters
- Grandparents
- Step-grandparents
- Grandchildren
- Step-grandchildren
- Brothers and Sisters In-Law
- Daughters and Sons In-Law

Adopted and foster members of the family are also included as immediate family. No age limit applies; however, a pre-existing conditions limitation applies during the first 12 months of coverage (see complete plan description for more information). You will be reimbursed ticket costs for listed visitees only. Please contact GEBA with questions.

Signature: _____ Date: _____