

# GEBA Direct Bill Quick Reference Guide

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G E B A

**IMPORTANT NOTICE:**  
 This billing statement does **not** include balances for any plan which you currently pay for by payroll allotment or scheduled auto debit.

**Page 1:** Contains your stub. Please detach and mail with your bill payment.  
**Page 2:** Change of Membership Form. Please make any changes to your membership information here.  
**Page 3:** Detailed breakdown of your current GEBA plans where you are being mailed a bill.  
**Page 4:** If you wish to enroll in GEBA's auto debit plan, please complete information on page 4 and mail it to GEBA.

John Member  
 1234 Street Address  
 Apt 45  
 Anytown, MD 21210

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**Please cut along the dotted line and return this stub when mailing your payment:**

<b>Please return payment to:</b> GEBA, Inc. PO Box 206 Annapolis Junction, MD 20701	<b>If paying online through your bank:</b> Be sure to use your <b>Member ID: 299999</b> as a reference number with the member name. Call GEBA if you have any questions.
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Plan	Amount Enclosed	Plan	Amount Enclosed
Term Life	\$100.00	AFLAC Cancer	
Long Term Disability	\$32.50	AFLAC Hospital	
Dep Long Term Disability		AFLAC Accident	
Emergency Travel			
Travel Dental	\$200.00	Long Term Care/CDNA	
Vision Benefits of America	\$107.00		
<b>Total amount due:</b>			\$754.50

*If you have any changes to your membership information, please make them on the back of this stub.*

## PAGE 1: IMPORTANT NOTICE

This is a guide through the next four pages of your new bill from GEBA.

Remember, this bill is only for GEBA insurance plans for which you have chosen to receive a bill in the mail.

## BILL STUB

- Please be sure to detach this portion of your bill and return it with your bill payment to ensure proper credit.
- If there is no plan or dollar amount listed, it simply means that you either do not own that plan, do not owe any premium for that particular billing cycle, or you pay for that policy by payroll allotment or automatic debit.
- If any billed policy has a balance due, the total amount due will be displayed next to the plan name.
- If there is more than one plan, the amounts due will be added together and the total due will be displayed at the bottom.
- If you choose to pay a different amount than the amount printed, simply write in the amount enclosed beside to the plan name.
- **Many of our members choose to pay their bills online.**  
 (Example: automatic bill pay through your bank) Please remember to use your 6-digit member ID as the account or reference number.

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G E B A

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**Please make changes to your membership information below:**  
 All change of membership forms can be found at [www.geba.com](http://www.geba.com) or call the GEBA office at 800-826-1126 or 301-688-7912. Office hours are 7:30am to 4:30pm EST (Monday - Friday).

Change of Membership Information as of: \_\_\_\_\_ (Date)

Address (Street)	Home Phone No.	Business Phone No.	
(City)	(State)	(ZIP)	Home Email Address

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

## PAGE 2: CHANGE IN MEMBERSHIP INFORMATION

If you have any changes to your membership information (address, phone number, email address), print them here. This will be included when you detach your stub to mail with your payment.

Please remember to sign and date this form if you have made changes.



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## PAGE 3: COMPLETE BILLING DETAIL

Any GEBA insurance plan that has a direct billing option will be displayed in the first column.

Any plan you have chosen to be direct billed for will have the billing details displayed to the right of the plan name **IF** there is a balance due.

- **Statement Date:** Date this bill was printed.
- **Original Effective Date:** Date coverage became active.
- **Previous Balance:** Any unpaid premium from the previous billing period.
- **Premium Billing Period:** The current billing period that this bill pertains to.
- **Premium for Period:** Premium amount you owe for the current billing period.
- **Billing Fee:** A \$2.00 fee is charged for each bill you receive through mail for each plan billed quarterly or semi-annually. Annual billing is not charged a billing fee.
- **Date Due:** Date the current premium payment (including any previous balance) is due.
- **Amount Due:** Premium payment that is due to GEBA for the current period (plus any previous balance) on this bill.
- **Message:** Any plan notifications for each plan. Please look below the chart for an explanation of all bill messages.

## BILL MESSAGE DEFINITIONS

Examples of messages from GEBA regarding the current billing status of your plan(s). See far right column of Complete Billing Detail for actual messages for your individual plans.

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**GEBA**

John Member  
Member ID: 299999

STATEMENT DATE: December 9, 2009

CEBA Plan	Original Effective Date	Previous Balance (from prior billing period)	Premium Billing Period	Premium for Period	Billing Fee	Date Due	Amount Due	Message*
Term Life	4/1/2009		01/01/2009 to 03/31/2009	\$104.00	\$2.00	1/1/2010	\$106.00	Policy Change
Long Term Disability	10/1/2007		11/1/2009 to 01/31/2010	\$12.50		11/1/2009	\$12.50	Final Notice Cancellation Date is 12/31/2009
Day Long Term Disability								
Emergency Travel								
Vision Benefits of America	12/1/2009	\$0.00	12/1/2009 to 11/30/2010	\$104.00		12/1/2009	\$107.00	Post Due
AFLAC Cancer								
AFLAC Hospital								
AFLAC Accident								
Delta Dental	1/1/2007		01/01/2010 to 06/30/2010	\$207.00	\$2.00	1/1/2010	\$209.00	Policy Change
Long Term Care (CNA)								
		\$0.00		\$647.50	\$4.00		<b>\$954.50</b>	<b>Total Due</b>

**Bill Messages**

**Post Due:** Your premium is now past due.

**Final Notice:** Your insurance policy is now in danger of being canceled. **Please contact the CEBA office.**

**Policy Change:** The premium or benefit on your policy for this billing period reflects a change either requested by you or due to your movement to a new category. Please refer to your updated certificate.

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**GEBA**

**Top 5 Reasons to Sign Up For GEBA's Automatic Debit Today:**

1. No more check writing or using stamps!
2. Help the environment by using less paper!
3. No worries about cancelled coverage!
4. Safeguard your personal information by providing it to GEBA only ONE time!
5. IT'S FREE!

Please start my automatic debit on \_\_\_\_\_ (date).

**Member Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Member #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (Black Phone): \_\_\_\_\_ Email Address: \_\_\_\_\_

CEBA Insurance 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 (CNA* plans only)	Monthly	Quarterly	Semi-Annually	Annually
Emergency Travel Plan	Monthly	Quarterly	Semi-Annually	Annually
AFLAC Benefits Plan	Monthly	Quarterly	Semi-Annually	Annually
Delta Dental Coverage	Monthly	Quarterly	Semi-Annually	Annually
Vision Benefits of America*	Monthly	Quarterly	Semi-Annually	Annually
Professional Liability Insurance	Monthly	Quarterly	Semi-Annually	Annually

**Bank Information (Please attach a voided check to this form):**

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

Name(s) on Bank Account: \_\_\_\_\_

**Please debit my (check one):**  Savings Account (complete account information)  Bank ABA # \_\_\_\_\_

Checking Account (attach a copy or voided check)  Your Account #\*\* \_\_\_\_\_

\*Your Bank ABA number can be found on the lower left of your check as the first sequence of numbers.  
\*\*Your Account number can be found on the lower left of your check as the second sequence of numbers.

I hereby authorize Government Employees' Benefit Association, Inc. (GEBA) to debit my checking/savings account according to the 2010 Schedule of Premium Deductions & Automatic Debt Payments. The 2010 Schedule of Premium Deductions & Automatic Debt Payments can be found on our website at [www.geba.com](http://www.geba.com) under "Forms" if I understand that GEBA may or may not have the right to initiate automatic debit to commence my participation in this payment option. If an automatic debit is returned for any reason including insufficient funds, a closed or unactivated account, GEBA will not be able to process payment. Unsuccessful debit may be subject to a \$2 charge if payment is rejected, assessed, or returned by my financial institution. I may cancel participation in the GEBA Automatic Debt service with written notice 30 days prior to the premium due date.

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

Date Received at GEBA Office

## PAGE 4: GEBA'S AUTOMATIC DEBIT FORM

- GEBA offers payment by automatic debit from a bank account. This ensures timely payments to avoid lapses in insurance coverage, saves mailing time and expense, and avoids the \$2.00 billing fee.
- PLUS, you can choose monthly auto debits to spread out your payments at no additional charge to you!
- When completing the form, please be sure to include your bank account number and ABA routing number in the correct places. Also, please include a voided check to ensure complete accuracy when setting up this payment method.
- Once this form is completed and returned to GEBA, you will receive a notification from GEBA about the auto debit start date.
- You can return this form filled out WITHOUT your payment. You will be advised by GEBA when the auto debit for this bill and future billing

