



GEBA Emergency Travel Benefits Plan – Visitee Form

Solutions today for a secure financial tomorrow.

Please return this form to: GEBA, 6760 Alexander Bell Drive, Suite 100, Columbia, MD 21046. Call us with questions at (301) 688-7912 or (800) 826-1126.

Member Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Member #: \_\_\_\_\_ (if unknown, leave blank)
Address: \_\_\_\_\_ DOB: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

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

Agency Employee NSA/CSS Military Assignee Agency Retiree
Agency Contractor: Contractor's name \_\_\_\_\_
Spouse of employee/retiree/military: Spouse's name \_\_\_\_\_ SSN: \_\_\_\_\_

Member Visitees:

Please list the family members to be covered as Member's Immediate Family below.

Table with 2 columns: Name, Relationship. Multiple empty rows for data entry.

\* 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:

Table with 2 columns: Name, Relationship. Multiple empty rows for data entry.

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

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## 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.

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## Important Information Concerning ETP Visitee Eligibility:

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

- Mother
- Father
- Step-mother
- Step-father
- Brother
- Sister
- Step-brother
- Step-sister
- Son
- Daughter
- Step-son
- Step-daughter
- Grandmother
- Grandfather
- Grandson
- Granddaughter

In-laws are only covered if you have chosen Option 3, Spousal Cross Coverage and refers only to a spouse's 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).

Visitees must be located in the U.S. or its territories (Canada not included).

You will be reimbursed ticket costs ONLY for those visitees named on this form. Please contact GEBA with questions.