



Phone: (800) 826-1126 or (301) 688-7912

Please return completed form to:
GEBA, Inc.
P.O. Box 206
Annapolis Junction, MD 20701
Or Fax: (301) 688-6694 Or Email: geba@geba.com

Member Number: _____

Change of Membership Information Form

General Information:

Applicant's Name (First, MI, Last)	Social Security No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated		
Address (Street)	Date of Birth (mm/dd/yyyy)	Home Email Address
(City) (State) (ZIP)	Home Phone No.	Black/Non-Classified Phone No.

By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested or to send information about other products or services developed or provided by us, provided that, we will not give your email address to another party to promote their products or services directly to you.

The above is my new contact information as of: (Date) _____.

Change of Name:

New Name: _____ Reason for Name Change: _____
**Please include a copy of your driver's license/marriage certificate with your new name*

Change in Payment Method:

Please change my payment method to:

- Quarterly Direct Bill* Payroll Allotment (Available to the NSA and DIA)
 Semi-annual Direct Bill* Auto Debit (Complete GEBA's Automatic Debit form available at www.GEBA.com.)
 Annual Direct Bill

**Quarterly and semi-annual direct billing options will incur a \$2.00 fee per product per bill.*

Please indicate which plan(s) you would like this change applied to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Delta Dental Insurance | <input type="checkbox"/> Group Term Life Insurance | <input type="checkbox"/> Stable Value Account (SVA) - Roth IRA |
| <input type="checkbox"/> Emergency Travel Insurance | <input type="checkbox"/> Professional Liability Insurance | <input type="checkbox"/> Vision Insurance |
| <input type="checkbox"/> Group Long-Term Care Insurance (CIGNA) | <input type="checkbox"/> Stable Value Account (SVA) - Annuity | |
| <input type="checkbox"/> Group Long-Term Disability Insurance | <input type="checkbox"/> Stable Value Account (SVA) - IRA | |

Please have a GEBA Member Services Representative contact me regarding: _____

Best time to call: _____ Phone number to call: _____

Signature:

I hereby authorize GEBA to change my member record according to the information I have provided on this form.

Signature: _____ Date: _____

NOTE: Because of Privacy Laws, GEBA is prevented from making address changes or account changes to Long-Term Care Policies. If you are a Long-Term Care policyholder who is being billed by the carrier, it is necessary to contact the carrier directly. For your convenience, the following Customer Service numbers are provided: CNA (for policies issued after 1990): (800) 775-1541, CNA (for policies issued prior to 1990): (800) 447-4982, John Hancock: (800) 543-6415, GE Capital: (800) 456-7766