



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
 (if unknown, leave blank)

Call us with questions:
 (301) 688-7912 or (800) 826-1126

Professional Liability Insurance Enrollment Form

General Information:

Applicant's Name (First, MI, Last)

Social Security No.

Gender

Male Female

Marital Status Married Domestic Partner Divorced Widow/Widower Single Separated

Address Line 1

Date of Birth

Email Address

Address Line 2

City

State

Zip Code

Home Phone

Cell Phone

Office Phone

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. We will not give your email address to another party to promote their products or services directly to you.

Type of Member:

Active Employee

Agency/Department/Bureau

Hire Date

How Did You Hear About GEBA's Professional Liability Insurance Plan?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Brochure | <input type="checkbox"/> Information Table | <input type="checkbox"/> Internal Agency Site |
| <input type="checkbox"/> Agency Announcement | <input type="checkbox"/> Email/Mailing | <input type="checkbox"/> Member Services Representative | <input type="checkbox"/> Seminar |
| <input type="checkbox"/> Briefing | <input type="checkbox"/> GEBA Website | <input type="checkbox"/> New Hire Orientation | <input type="checkbox"/> Word of Mouth |

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.

Professional Liability Insurance Enrollment Form

Applicant's Name (First, MI, Last)

Social Security No.

Member Number
(if unknown, leave blank)

Prior PLI Carrier (if applicable)

Coverage: \$1,000,000 Damages / \$100,000 Defense (Civil/Administrative)

Plan year is January 1 - December 31

Coverage can begin at the first of any month using the prorated chart below for premium due. Annual automatic debits are collected on the first business day of January for \$280.00 for the year (January 1 - December 31).

Example: An application submitted on April 2 would be effective on May 1. Prorated premium for the first year would be \$186.67.

<input type="checkbox"/> January 1	\$280.00	<input type="checkbox"/> July 1	\$140.00
<input type="checkbox"/> February 1	\$256.67	<input type="checkbox"/> August 1	\$116.67
<input type="checkbox"/> March 1	\$233.33	<input type="checkbox"/> September 1	\$93.33
<input type="checkbox"/> April 1	\$210.00	<input type="checkbox"/> October 1	\$70.00
<input type="checkbox"/> May 1	\$186.67	<input type="checkbox"/> November 1	\$46.67
<input type="checkbox"/> June 1	\$163.33	<input type="checkbox"/> December 1	\$23.33

Beneficiary Information:

The policy provides an Accidental Death Benefit for a death directly related to the scope of your employment. Please provide a Beneficiary Designation below.

Name of Beneficiary

Relationship

Phone Number

Automatic Debit Payment Information:

- Annual Auto Debit
 Checking Account (Enclose a voided check) Savings Account

Bank Name:

Bank Routing Number:

Your Account Number:

I hereby authorize Government Employees' Benefit Association, Inc. (GEBA) to debit my checking/savings account according to the published schedule. I understand that GEBA reserves the right, upon written notification, to terminate my participation in this payment option. If an automatic debit is returned for any reason including insufficient funds, closed or unauthorized account, GEBA will not be able to process payment. I understand that I may be subject to a \$20 charge if payment is rejected, reversed, or refused by my financial institution. I may cancel participation in the GEBA Automatic Debit service with written notice 10 days prior to the premium due date.

Please Sign Below:

I hereby certify that I am a federal employee and am eligible to enroll under the GEBA sponsored Professional Liability Insurance Policy. I also attest that, as of this date, I have no knowledge of any allegations, claim or suit, or any act, error, or omission which might reasonably be expected to result in a claim or suit.

This is an annual coverage that can only be reimbursed for retirement or resignation. Cancellation of this plan for other reasons will not be reimbursed.

Signature: _____

Date: