



Complete this form and send to:
 GEBA
 1362 Mellon Road, #100
 Hanover, MD 21076
 For any questions, call (410) 657-8060 or (800) 826-1126
 or email geba@geba.com

Member Number
 (if unknown, leave blank)

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\$50K Guaranteed Group Term Life 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

Date of Birth (mm/dd/yyyy) Email Address

Address Line 1 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 GEBA products or services. We will not give your email address to another party to promote their products or services directly to you.

Type of Member:

<input type="checkbox"/> Active Employee	Agency/Department/Bureau <input type="text"/>	Hire Date <input type="text"/>
<input type="checkbox"/> Retiree	Agency/Department/Bureau/Branch of Service <input type="text"/>	Retirement Date <input type="text"/>
<input type="checkbox"/> Military	Branch of Service <input type="text"/>	Hire Date <input type="text"/>

How Did You Hear About GEBA's Term Life 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 |

You're GUARANTEED to receive \$50,000 in Group Term Life Coverage if you're age 50 or younger and meet GEBA's eligibility.

GEBA is a non-profit, member-governed association dedicated to serving federal employees and retirees, military and retirees, contractors assigned to NSA-W, and Sponsored Family Members. GEBA never charges a membership fee - membership comes from simply enrolling in any of GEBA's insurance or investment plans.

\$50K Guaranteed Group Term Life Application



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Request for Group Insurance from
NEW YORK LIFE INSURANCE COMPANY
51 Madison Avenue, New York, NY 10010



The Company You Keep®

Coverage Request (Check and complete all that apply)

I am age 50 or younger, as defined on page 1 and as such request the following Group Term Life coverage: \$50,000

Residents of New York - IMPORTANT REPLACEMENT INFORMATION: It may not be in your best interest to replace existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy, whether issued by the same or different insurance company. A replacement will occur if, as part of your purchase of a new life insurance policy, existing coverage has been, or is likely to be, lapsed, surrendered, forfeited, assigned, terminated, changed or modified into paid-up insurance or other forms of benefits, loaned against or withdrawn from, reduced in value, by use of cash values or other policy values, changed in the length of time or in the amount of insurance that would continue or continued with a stoppage or reduction in the amount of premium paid. Prior to completing a replacement transaction, you may want to contact the insurance company or agent who sold you the life insurance or annuity contract that will be replaced to help decide whether the replacement is in your best interest.

RESIDENTS OF NEW YORK: I have read the Important Replacement Information above.
Is the life insurance applied for intended to replace, in whole or in part, any existing insurance or annuity? Yes No

RESIDENTS OF ALL OTHER STATES:
Is the insurance applied for intended to replace, discontinue or change an existing policy? Yes No

Payment Options

Payroll Deduction (NSA & DIA Only) Automatic Debit (Complete the automatic debit section below.)

Automatic Debit Payment Information:

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.

Beneficiary Designation for Member Coverage

Primary

First Name	MI	Last Name	Relationship	Date of Birth (mm/dd/yyyy)	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary Address (Number, Street, City, State, Zip code) Home Phone Social Security No.

Primary
 Contingent

First Name	MI	Last Name	Relationship	Date of Birth (mm/dd/yyyy)	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary Address (Number, Street, City, State, Zip code) Home Phone Social Security No.

If additional room is required for beneficiary designation, use a separate sheet of paper.

Please Read Everything Below This Line Before Signing

I hereby authorize GEBA to deduct from my wages or salary should I elect payroll allotment (NSA & DIA Employees Only) the amount of insurance premium, if any, required for all coverage requested.

Personalized Certificate of Coverage Page will be mailed to policyholder upon plan approval. Certificate of Insurance can be viewed, downloaded and printed at www.GEBA.com.

By signing this document, I certify that I am an employee of the agency, military branch, or contracting company denoted on page one of this application which entitles me to become a member of GEBA.

By signing and dating this application, I request the insurance indicated, attest to having read the Fraud Notices enclosed, and that to the best of my knowledge and belief, the answers to the questions are true and complete.

Signature: _____ Date:

G-29555-1
50Guaranteed
GMA-GI
Updated 1/2021

FRAUD NOTICE - For Residents of all states except those listed below: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. RESIDENTS OF CO: the following also applies: Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

RESIDENTS OF AL/AR/LA/RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

RESIDENTS OF CA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

RESIDENTS OF D.C.: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

RESIDENTS OF FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

RESIDENTS OF KS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law.

RESIDENTS OF ME: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

RESIDENTS OF MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

RESIDENTS OF NJ: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

RESIDENTS OF NY: any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

RESIDENTS OF OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

RESIDENTS OF PUERTO RICO: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

RESIDENTS OF TN/WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

RESIDENTS OF VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated state law.

1/13 ed.