



Please return completed form 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)

Date Received at GEBA Office:

GEBA/GEMBA Automatic Debit Form

General Information:

Member Name (First, MI, Last) Social Security No. Date of Birth

Marital Status Married Domestic Partner Divorced Widow/Widower Single Separated

Address Email Address

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

Change Existing Account Information Establish New Account

Change Auto Debit as of Frequency Bank Information State Auto Debit on

GEBA:

Term	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Life	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Long Term Disability/LTD Dependent Coverage	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Long Term Care (CIGNA plans only)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Emergency Travel Plan	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Dental Coverage	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Vision Insurance	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Professional Liability Insurance	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually

GEMBA: (Contribution form must be submitted.)

SRP - SVA

Group Annuity	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>
Traditional IRA	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>
Roth IRA	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>

SRP - MetLife (Variable)

Group Annuity	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>
Traditional IRA	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>

Bank Name

Debit the Account Below: (Please check ONE box)

Checking Account (enclose a copy or voided check)

Savings Account (complete account information)

Account Information: (Please complete BOTH ABA and account number)

Bank ABA #

Your Account #

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.

Signature Field Date