



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)

Retirement/Resignation Form - Insurance

General Information:

First Name MI Last Name Social Security Number Gender: Male Female

Marital Status: Married Domestic Partner Divorced Widow/Widower Single Separated

Date of Birth (mm/dd/yyyy) Home E-mail Address

Address Line 1 Address Line 2

City State Zip Code

Home Phone Number Cell Phone Number Office Phone Number

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 registered, 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.

I am: Retiring Date:
 Resigning Date:

Retirement/Resignation:

CONTINUE MY COVERAGE: You may keep your Group Term Life, Emergency Travel, Dental, and Vision Insurance. Please select your payment frequency from the table below.

Plan	Monthly	Quarterly	Semi-Annual	Annual
Group Term Life	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit
Emergency Travel Plan	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit
Dental	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit
Vision	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit	<input type="radio"/> Auto-Debit

CANCEL MY COVERAGE: I wish to cancel the following plans after my last payroll deduction:

Group Term Life Insurance Dental Emergency Travel Plan
 Group Long Term Disability Vision Professional Liability Insurance

I UNDERSTAND that my coverage for Group Long Term Disability and Professional Liability Insurance will terminate due to my departure from the agency after my last payroll deduction or at the end of the month in which I resign/retire and will be refunded the unused portion of my paid premiums.

BECOMING A CONTRACTOR: I am leaving the agency, but returning as a contractor assigned to the agency and I wish to continue my Group Long Term Disability coverage paying via auto-debit.

Contractor Name:

SWITCHING FEDERAL AGENCIES: I've been hired at another federal agency and I wish to continue my Group Long Term Disability and/or Professional Liability Insurance paying via auto-debit.

New Agency:

Please Sign Below:

By signing below, I hereby authorize GEBA to change my plan(s) according to the information I have provided on this form. I certify that the above information is correct.

Signature: _____ Date:

Automatic Debit Payment Information:

Checking Account (enclose a copy or voided check) Savings Account

Bank Name:

Bank Routing Number: 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.

Please Sign Below:

By signing below, I agree to pay full year of premium payments. I understand that if I cancel coverage before paying for all year of premium payments, the balance will be due at the time of cancellation. I certify that the above information is correct.

Signature: _____

Date:

Please return completed form to:
GEBA
1362 Mellon Road, #100
Hanover, MD 21076
or email geba@geba.com