GEBA
Government Employees' Benefit Association

Please return completed form to:
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)

Cancellation Form

General Information:

Member Name (First, MI, Last)

Social Security Number:

Gender: ☐ Male ☐ Female

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

Date of Birth (mm/dd/yyyy)

Email Adress

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 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.

Please cancel the following INSURANCE plan(s) effective (Date)

- ☐ Term Life Insurance
- ☐ Group Vision Plan
- ☐ Long Term Disability
- ☐ Delta Dental
- ☐ Emergency Travel Plan
- ☐ Professional Liability Insurance
- ☐ LTC Cigna

Reason for Cancelling:

- ☐ Covered under another non-fed plan
- ☐ Retired Date:
- ☐ Recent rate increase
- ☐ Family needs changed
- ☐ Switched to an individual plan
- ☐ Enroll in a Federal Plan
- ☐ Resigned Date:
- ☐ Other:

Cancel Coverage for:

Name of Member: Date of Birth:

Name of Spouse: Date of Birth:

Name of Dependent: Date of Birth:

Name of Dependent: Date of Birth:

Name of Dependent: Date of Birth:

Please cancel the following AUTOMATIC CONTRIBUTION: (Date)

- ☐ Supplemental Retirement Plan SCVA Automatic Debit
- ☐ Supplemental Retirement Plan SVA Payroll Allotment
- ☐ Supplemental Retirement Plan MetLife Variable Annuity Contract Automatic Debit
- ☐ Supplemental Retirement Plan MetLife Variable Annuity Contract Payroll Allotment

Reason for cancelling:

Signature: Date:

Revised: January 2021