



Please return completed form to:  
GEBA  
1362 Mellon Road, #100  
Hanover, MD 21076  
or fax: (410) 846-6420  
or email: [geba@geba.com](mailto:geba@geba.com)

Member Number  
(if unknown, leave blank)

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Call us with questions:  
(410) 657-8060 or (800) 826-1126

## Emergency Travel Plan (ETP) Enrollment Form

### General Information:

Applicant's 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 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 products or services 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

☐ Retiree

Agency/Department/Bureau

Retirement Date

☐ Military

Branch of Service

Hire Date

☐ Surviving Spouse/Domestic Partner

Deceased GEBA Member Name

☐ Sponsored Family Member

Sponsoring Member ID Sponsoring Member Name Sponsoring Member City and State

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Relationship to Member (includes step and in-laws)

☐ Adult Child ☐ Adult Grandchild ☐ Parent ☐ Grandparent ☐ Sibling

### How Did You Hear About GEBA's Emergency Travel 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        |

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

# Emergency Travel Plan (ETP) Enrollment Form

Applicant's Name (First, MI, Last)

## Enrollment Options:

☐ **Option 1: Member Only**

This option allows the member to visit their immediate family - spouse/domestic partner, parents and grandparents, children and grandchildren, brothers and sisters, brothers-in-law and sisters-in-law, daughters-in-law and sons-in-law. Adopted, foster and step members of the family are also include in immediate family.

☐ **Option 2: Member plus Spouse or Domestic Partner**

This option allows for member's spouse or domestic partner to visit his or her immediate family – spouse/domestic partner, parents and grandparents, children and grandchildren, brothers and sisters, brothers-in-law and sisters-in-law, daughters-in-law and sons-in-law. Adopted, foster and step members of the family are also include in immediate family.

☐ **Option 3: Member plus Spousal/Domestic Partner Coverage plus Cross Coverage**

This option allows for the member to travel to visit the spouse's immediate family and for the spouse to visit the member's immediate family.

☐ **Option 4: Dependent(s) Coverage (up to age 26)**

This option allows dependent children listed below as additional policyholders. Dependent children listed will qualify for reimbursement when visiting defined family members of the member and spouse/domestic partner or other family members defined on page 3.

## Please List All Covered Family Members:

Coverage for a dependent child cancels immediately upon attainment of age limit, 26. At age 26, dependent children can enroll in their own plan as a Sponsored Family Member.

Spouse/Domestic Partner's Name

Date of Birth

Address (if different from the member)

Dependent Child's Name

Date of Birth

Dependent Child's Name

Date of Birth

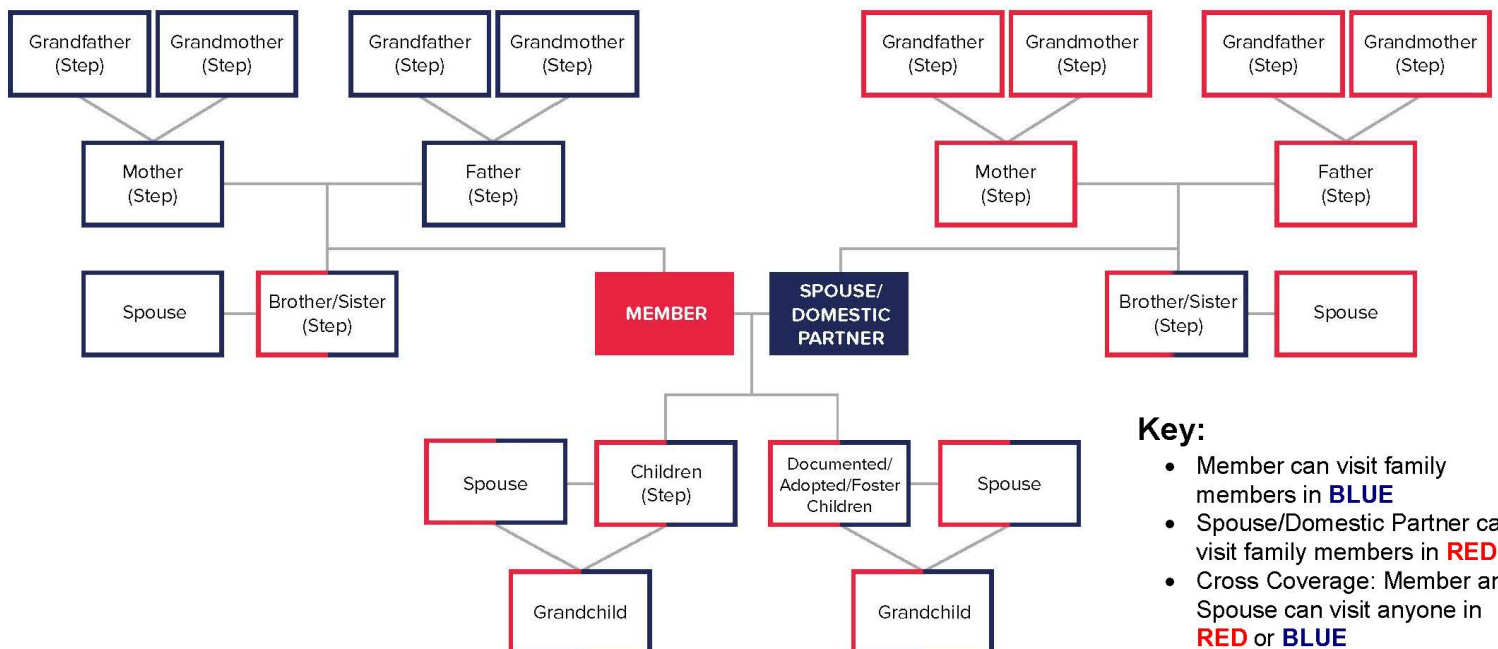
Dependent Child's Name

Date of Birth

Dependent Child's Name

Date of Birth

## Family Inclusion Chart



### Key:

- Member can visit family members in **BLUE**
- Spouse/Domestic Partner can visit family members in **RED**
- Cross Coverage: Member and Spouse can visit anyone in **RED or BLUE**

The chart above illustrates the immediate family members you have access to under your coverage. Dependent children have access to anyone listed above for both Member and Spouse/Domestic Partner. Dependent children may also have access to family members not listed above due to divorce/(re)marriage. Member and/or Spouse/Domestic Partner will not be eligible for travel reimbursement with children if family member is not included in this chart. Call the GEBA office with questions or to verify eligibility.

# Emergency Travel Plan (ETP) Enrollment Form

Applicant's Name (First, MI, Last)

## Plan And Payment Option:

Select Option 1, 2, or 3. Add Option 4 for dependent child coverage. Option 4 is cost per child.

If NSA/DIA Biweekly Payroll Allotment is selected below, you do not need to complete Auto Debit information below.

	NSA/DIA Biweekly Payroll Allotment	Monthly Auto Debit	Quarterly Auto Debit	Semiannual Auto Debit	Annual Auto Debit
<b>SELECT ONE</b>					
OPTION 1: Member	<input type="radio"/> \$3.00	<input type="radio"/> \$6.50	<input type="radio"/> \$19.50	<input type="radio"/> \$39.00	<input type="radio"/> \$78.00
OPTION 2: Member plus spousal coverage	<input type="radio"/> \$6.00	<input type="radio"/> \$13.00	<input type="radio"/> \$39.00	<input type="radio"/> \$78.00	<input type="radio"/> \$156.00
OPTION 3: Member plus spousal coverage plus cross coverage	<input type="radio"/> \$9.00	<input type="radio"/> \$19.50	<input type="radio"/> \$58.50	<input type="radio"/> \$117.00	<input type="radio"/> \$234.00

### OPTION 4: Add Dependent Coverage:

Cost per dependent child	<input type="radio"/> \$3.00 each	<input type="radio"/> \$6.50 each	<input type="radio"/> \$19.50 each	<input type="radio"/> \$39.00 each	<input type="radio"/> \$78.00 each
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# of Children  X cost per dependent child

Dependent Coverage Subtotal: \$

Total (Option 1, Option 2, OR Option 3 ) + (Option 4 [Dependent Coverage] if applicable): \$

## Please Complete Automatic Debit Payment Information below only if you selected Monthly, Quarterly, Semiannual or Annual Auto Debit above:

Automatic Debit Payment Information should not be completed if you selected Biweekly NSA/DIA Payroll Allotment.

☐ 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:

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

Signature: \_\_\_\_\_

Date: