GEBA
Government Employees' Benefit Association

1362 Mellon Road, #100
Hanover, MD 21076
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Email: geba@geba.com
Phone: (410) 657-8060

Member Number
(if unknown, leave blank)

Cancellation Form

General Information:

Member Name (First, MI, Last)

Social Security Number: XXX-XX-

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

Reason for Canceling:

- ☐ 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:	

Signature:

Date:

Revised: September 2026