



Please return completed form to:  
 GEBA, Inc.  
 P.O. Box 206  
 Annapolis Junction, MD 20701  
 Or Fax: (301) 688-6694  
 Or Email: geba@geba.com

**Member Number:**  
 (if unknown leave blank)

Phone: (800) 826-1126 or (301) 688-7912

## Cancellation Form

### General Information:

Applicant's Name (First, MI, Last)	Social Security No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated		
Address (Street)	Date of Birth (mm/dd/yyyy)	Home Email Address
(City) (State) (ZIP)	Home Phone No.	Black/Non-Classified Phone No.

*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 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.*

**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
- Recent rate increase
- Family needs changed
- Enrolled in a Federal Plan
- Resigned
- Not satisfied: \_\_\_\_\_

**Cancel Coverage for:**

Name of Member: \_\_\_\_\_ Birth Date of Member: \_\_\_\_\_  
 Name of Spouse: \_\_\_\_\_ Birth Date of Spouse: \_\_\_\_\_  
 Name of Dependent: \_\_\_\_\_ Birth Date of Dependent: \_\_\_\_\_  
 Name of Dependent: \_\_\_\_\_ Birth Date of Dependent: \_\_\_\_\_  
 Name of Dependent: \_\_\_\_\_ Birth Date of Dependent: \_\_\_\_\_

**Please cancel the following AUTOMATIC CONTRIBUTION: (Date) \_\_\_\_\_**

- Supplemental Retirement Plan SVA 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:** \_\_\_\_\_