



Please return completed form 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](mailto:geba@geba.com)

Member Number   
 (if unknown, leave blank)

Date Received at GEBA Office:

## GEBA/GEMBA Automatic Debit Form

### General Information:

Member Name (First, MI, Last)  Social Security No.  Date of Birth

Marital Status  Married  Domestic Partner  Divorced  Widow/Widower  Single  Separated

Address  Email Address

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 GEBA products and Services. We will not give your email address to another party to promote their products or services directly to you.*

Change Existing Account Information  Establish New Account

Change Auto Debit as of   Frequency  Bank Information Start Auto Debit on

### GEBA:

Term	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Life	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Long Term Disability/LTD Dependent Coverage	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Long Term Care (CIGNA plans only)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Emergency Travel Plan	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Dental Coverage	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Vision Insurance	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Professional Liability Insurance	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually

### GEMBA: (Contribution form must be submitted.)

SRP - SVA

Group Annuity	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>
Traditional IRA	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>
Roth IRA	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>

SRP - MetLife (Variable)

Group Annuity	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>
Traditional IRA	Bi-weekly	\$ <input type="text"/>	Monthly	\$ <input type="text"/>

Bank Name

**Debit the Account Below:** (Please check ONE box)

Checking Account (enclose a copy or voided check)

Savings Account (complete account information)

**Account Information:** (Please complete BOTH ABA and account number)

Bank ABA #

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.*

Signature Field  Date

**NOTE:** Check with your bank to determine if additional charges for a debit will apply, and ask how it will describe automatic debits on your bank statement. If you plan to have payments deducted from a savings account, please check with your bank to see if there are limitations (if any) on recurring debits.