



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 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
 - 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: