



VACATION PLAN

BENEFIT PLANS

1007 EASTERN AVENUE, BALTIMORE, MD 21202-4345 • (410) 547-9111

APPLICATION FOR GREAT LAKES VACATION PAY

READ INSTRUCTIONS CAREFULLY BEFORE FILING

1. Complete the front and back portions of this application.
2. The following documents must accompany the application:
 - a. A copy of the stub portion of last vacation benefit check.
 - b. Original Coast Guard Discharges covering all employment since your last vacation. An authenticating stamp will be used on all discharges submitted.
NOTE: Failure to submit proof of all accumulated work performed to the date of application may result in permanent loss of vacation benefits earned on the employment not submitted.
 - c. Carry Over Vacation Form from last vacation, if applicable.
 - d. Copies of time sheets covering the most recent two weeks of employment.
 - e. Proof that Social Security taxes are paid up for the year in which you are filing.
NOTE: Such taxes will be withheld unless proof is attached.
3. The attached W-4 must be completed every time you file. If it is not completed, withholding will be made on the basis of "0" exemptions and "Single" marital status.
4. Applications can be filed in one of the following ways:
 - a. On the boat as part of the discharge process. Your application will be forwarded by the Captain to the Plan Office for processing.
 - b. Individually, after discharge, by mail to the Cleveland Plan Office or the main office of the Vacation Plan in Baltimore.
 - c. In person at any of our Outport offices. If you file at any office other than Cleveland or Baltimore your claim will be forwarded to Cleveland or Baltimore for processing.
NOTE: So that your vacation/family leave time away from the boat counts as covered employment you must submit a vacation application to the Plan Office before returning to the boat.

NAME (Please Print)	Social Security Number	Birth Date
PERMANENT ADDRESS (Street/PO Box)	MAIL CHECK TO (If other than permanent address) (Street/PO Box)	
(City, State & Zip)	(City, State & Zip)	
Telephone Number	Cell Phone Number	

I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be loss of 6 months' employment credit toward my next vacation.

I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.

Signature of Applicant: _____ **Filing Date:** _____

At Branch Office of MEBA in: _____
 (City) (State

BE SURE TO SIGN THE AUTHORIZATION BELOW IF YOU WISH TO HAVE YOUR DUES OR SERVICE CHARGES WITHHELD.

AUTHORIZATION TO THE ADMINISTRATOR MEBA VACATION PLAN

I hereby authorize and direct you to deduct from the vacation benefit due by this claim, 6% of the gross amount of said vacation benefit payment, which sum represents a portion of the membership dues or service charge payment owed to District No. 1-MEBA, pursuant to ARTICLE 15, SECTION, 1 of its By-Laws.

I hereby authorize and direct you to pay the amount so deducted to District No. 1-MEBA.

Signature of Applicant: _____ **Date:** _____

PLEASE USE DIRECT DEPOSIT FOR THIS VACATION CHECK:

INITIALS

DATE

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List in chronological order voyages for which you claim vacation pay. List the earliest voyage first. List each period of employment on a separate line. Copy the information from your discharge and pay vouchers. Only discharges will be accepted.

NAME OF COMPANY	NAME OF SHIP	RATING	FROM (MM/DD/YYYY)	THROUGH (MM/DD/YYYY)

I request: (mark one (1) block and fill in blanks)

- Partial Vacation: pay _____ days of Vacation
- Partial Vacation: carry over _____ days of Vacation and pay me the balance
- Pay all Vacation that is due me.
- My Return To Work Date will be ____/____/____.
(Plan will calculate carry over.)

I request: (mark one (1) block and fill in blanks)

- Process my check immediately
- Process my check on: ____/____/____ (Indicate Date)
- I will call to notify the Plan Office when to process check.

No more than 90 days of Vacation may be carried over. Early Return days, if applicable, will be automatically calculated in your vacation period.

I request my vacation to commence on ____/____/____ (if later than the day following your last day of covered employment). I understand that Vacation Benefits will not be paid prior to the day my vacation commences.

Vacation Benefits and Disability Benefits cannot be collected for the same period unless you were hospital confined for at least one day during the period of your disability. If you were hospital confined, disability benefits are payable only from the date of hospitalization.

1. Are you now receiving or have you applied for disability benefits: Yes No
If yes, indicate: a) date disability benefits began ____/____/____ date disability benefits are expected to end ____/____/____ and; b) date you were or will be fit for duty: ____/____/____.
2. Indicate date(s) of hospitalization (if applicable): From ____/____/____ To ____/____/____.

If you attended the MEBA Training School please indicate the date(s):

From ____/____/____ To ____/____/____ From ____/____/____ To ____/____/____

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 <div style="font-size: 24pt; font-weight: bold;">2010</div>
1 Type or print your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <small>NOTE: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box</small>
City or town, state and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2.)		5 _____
6 Additional amount, if any, you want withheld from each paycheck.		6 \$ _____
7 I claim exemption from withholding for 2010, and certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it) ► _____		Date ► _____
8 Employer's name and address MEBA Vacation Plan 1007 Eastern Avenue, Baltimore, MD 21202		9 Office code (optional) _____ 10 Employer identification number (EIN) 13-6271916

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return. Full forms, including instructions and worksheets, are available upon request to the Plan Office or the Union Port Offices.