



VACATION PLAN

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

APPLICATION FOR 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. Original copy of the Converted Overtime Worksheet, if applicable.
 - e. Pay vouchers covering port time and travel time to the vessel if you joined the vessel in a foreign port.
 - f. Letter from an authorized Union Official granting permission for early return or excess sailing, if applicable .
 - g. 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. Individually, after discharge, by mail to the main office of the Vacation Plan in Baltimore.
 - b. In person or by mail at any of our Outport offices.

NOTE: Failure to complete all sections of this application, or include all applicable documentation may result in delayed processing of your claim.

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/port 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

