



# VACATION PLAN

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

## BENEFIT PLANS

# 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 <small>(Street/PO Box)</small>	MAIL CHECK TO (If other than permanent address) <small>(Street/PO Box)</small>	
<small>(City, State &amp; Zip)</small>	<small>(City, State &amp; Zip)</small>	
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

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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)

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

Partial Vacation: pay \_\_\_\_ days of Regular Vacation  
carry over \_\_\_\_ days of Regular Vacation

Pay all Vacation that is due me.

My Return To Work Date will be \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Plan will calculate carry over.)

Partial Vacation: pay \_\_\_\_ days of Converted Overtime Vacation.  
carry over \_\_\_\_ days of Converted Overtime Vacation

I request my vacation to commence on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(if later than the day following your last day of covered employment)

No more than 90 days of Vacation may be carried over. Early Return days, if applicable, will be automatically calculated in your vacation period. Vacation Benefits will not be paid prior to the day your vacation commences.

List any Port Relief jobs that you worked subsequent to the latest sailing employment date shown above.

Port Relief worked while on vacation requires an Early Return Letter to be submitted with this claim.

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.

- 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: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- 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 <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
<b>► 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.</b>			<b>2010</b>	
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 withhold 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"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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.