

**MEBA PENSION TRUST**  
**APPLICATION & INSTRUCTIONS FOR PENSION BENEFITS**

**INSTRUCTIONS**

- A. Complete ALL information on the reverse side of this Application. Please be sure to sign & date the Application where indicated.
- B. Complete and attach the following forms to your Application. If any of these forms are missing from your Application packet, please ask your Branch Agent or Representative to give you the missing forms or request such forms from the Plan Office in Baltimore. You may also visit the Plan Office website at [www.mebaplans.org](http://www.mebaplans.org) to obtain these forms.
1. Declaration of Retirement
  2. Permanent Data Form No. 2
- C. Attach the following documents to your Application (Please disregard if these documents have been submitted to us previously):
1. Birth or Baptismal Certificate for both you and your spouse.
  2. Marriage Certificate.
  3. Proof of your most recent employment for six months prior to filing this Application (e.g. Coast Guard Discharges, Pay Vouchers, etc.).
  4. Discharges or other evidence of all maritime service as a Licensed Officer prior to 1956, including all MSTs employment, past and present.
  5. Proof of all military service since 1940 (discharge papers of Form DD214).
  6. Proof of any disability periods for which you received disability benefits from a State Disability Plan.
- D. All sailing time should be completed & you should file for any vacation time before the Pension Application deadline. This will ensure that your benefit will be processed for the next Board of Trustees' meeting.
- E. If you have not completed all of your sailing time, submitted all of your vacation time and/or school time by the Application deadline, your pension claim may not be eligible for submission to the next Board of Trustees' meeting. However, your claim will be submitted to the following Board of Trustees' meeting.
- F. When you have completed the above steps, mail your Application and all required documents to the Plan Office, or file your Application in person at your local MEBA Branch Office in Baltimore, Houston, New Orleans, Jersey City, Philadelphia, Oakland, Seattle, or Wilmington, California.

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**NOTE: THE PLAN OFFICE MAY REQUEST THAT YOU FURNISH ADDITIONAL FORMS NECESSARY TO COMPLETE YOUR APPLICATION. THESE FORMS WILL BE MAILED TO YOU AS NEEDED. IT IS EXTREMELY IMPORTANT THAT YOU KEEP THE PLAN OFFICE ADVISED OF YOUR MAILING ADDRESS DURING THE APPLICATION PROCESS.**

**APPLICATION FOR PENSION BENEFITS**

<b>Member Name</b>	<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>
<b>Social Security Number</b>	□□□-□□-□□□□		
<b>Date of Birth</b>	□□ / □□ / □□□□ <i>Month Day Year</i>		
<b>Telephone Number</b>	□□□-□□□-□□□□		
<b>Permanent Address (Home of Record)</b>			
<b>New Address?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<i>Number and Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>Mailing Address (If Other than Permanent Address)</b>			
	<i>Number and Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other	<b>Spouse's Name:</b>		
	<b>Spouse's Birth Date:</b>	<b>Spouse's SS#:</b>	

<b>Date You Wish Pension Benefits to Commence:</b> <i>(NOTE: Under the Plan Regulations, your earliest Effective Date of Pension is the first of the month following the later of: (1) the date this Application is filed, or (2) the date you cease all Covered Employment and complete your last Vacation period.)</i>	
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<b>Are You Applying for a Disability Pension?</b> Be advised that Disability Pensions are subject to an annual earned income limitation of \$36,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Are you presently receiving Disability Benefits from the MEBA Medical and Benefits Plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES, note that you may not receive Disability benefits from the Medical Plan and Pension benefits from the MEBA Pension Trust concurrently. Therefore, please check one of the following:</b>	<input type="checkbox"/> I wish to have my Pension Benefits commence after my Disability Benefit payments end. <input type="checkbox"/> I wish to have all Disability Benefit payments for periods after my Pension Effective Date deducted from my first Pension check (and repaid to the MEBA Medical Plan).

<b>Have you ever been covered by another maritime pension plan, or governmental or military plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify name(s) of the plan(s) and the monthly amount(s) you are receiving or are entitled to receive. Also indicate if you have received a lump sum distribution:	

I hereby certify that all the information in this Application and my Declaration of Retirement from the Maritime Industry is true and correct to the best of my knowledge and belief and that all documents included with my Application for Pension Benefits are bonafide originals or true copies of the originals. I understand that a false statement could adversely affect my Pension Benefits and subject me to criminal and/or civil sanctions.

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 APPLICANT'S SIGNATURE

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 DATE