PENSIONER'S APPLICATION FOR REEMPLOYMENT BECAUSE A <u>NIGHT RELIEF</u> POSITION CANNOT BE FILLED DUE TO A SHORTAGE OF PERSONNEL

I,	, hereby state as follows:
In order to become entitled to receive distribution of my pension benefits under the MEBA Pension Trust ("Plan"), I previously have withdrawn from membership in District No. 1-PCD, MEBA (the "Association").	
I desire to be able temporarily to return to employment as a licensed officer in accordance with Section 2.08 (a) (3) of the Plan Regulations.	
my period of reemployment shall be no le	e able to return to employment under Section 2.08 (a)(3) of the Plan Regulations, onger than the length of the Night Relief job ("Job Period"). I hereby agree not Job Period, unless I reapply and receive permission of the Trustees.
I acknowledge that if I return to employment without the permission of the Trustees, or if I am reemployed more than the Job Period, then I will be subject to the penalties set forth in Section 2.09 of the Plan Regulations, which may include loss of six additional months of pension benefits in addition to the months of reemployment, liability for repayment of any lump sum distribution that I previously received, and loss of eligibility for the MEBA Medical and Benefits Plan.	
PENSIONER SIGNATURE:	SOCIAL SECURITY NUMBER: XXX-XX
DATED:	
	e "Association"), hereby applies to the Trustees of the MEBA Pension Trust
in accordance with Section 2.08 (a)(3) of	
	night relief position at, (Vessel Name: contributing Employer under the Plan, cannot be filled for the following date(s)
	, due to a shortage of licensed officers and that the Pensioner is the
• •	ociation agrees that the Pensioner will be employed for not longer than the length
of the Night Relief Job, unless reapplicati	on is made and permission of the Trustees is received.
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	ASSOCIATION
Dated:	•
DATED:	ASSOCIATION
DATED:	ASSOCIATION
DATED:	ASSOCIATION

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