



SEAFARERS VACATION APPLICATION



PLEASE PRINT

Port of application: _____ Date of application: _____
(month) (day) (year)

Soc. Sec No.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

 Name _____
(last, first, middle)

Permanent Address for Mail (street) _____ Home Phone (_____) _____
(area) (phone)

_____ Book Number: _____ DOB: _____
(city, state, zip)

IMPORTANT: Federal withholding tax of 20% will be withheld from your vacation benefit payment and will be remitted to the IRS on your behalf.

Are you currently sailing or assigned to a vessel on the date of this application ? CHECK ONE:

- No, I am "on the beach."
 Yes, I am currently working for _____

ELIGIBILITY—At least 60 days accumulated seetime/boattime before making application. All dates of discharge, pay vouches or check stubs must be less than 15 months old. Attach a photostatic copy of all discharges, pay vouchers or check stubs.

DO NOT WRITE IN GRAY AREA

| | | | |
|--------------------|----|--------|--|
| Vessel/ Company | | Rating | |
| Employed from | To | | |
| Vessel/ Company | | Rating | |
| Employed from | To | | |
| Vessel/ Company | | Rating | |
| Employed from | To | | |
| Vessel/ Company | | Rating | |
| Employed from | To | | |
| Vessel/ Company | | Rating | |
| Employed from | To | | |

Verified by: _____
(Union Representative)

Your Vacation Benefits are very important to you. The SIU wants you to get your benefits as soon as possible after you have filled out your application. So please take care to fill out the application *clearly and completely.*

FILL IN BENEFICIARY SECTION ON NEXT PAGE

BENEFICIARY SECTION

Name of Beneficiary: _____ Relationship: _____
(last, first, middle)

Address of Beneficiary: _____

Member's signature: _____ Date signed: _____

Witness signature: _____
(other than beneficiary)

Witness Address: _____

PLEASE NOTE: The Beneficiary named above will be used by the Seafarers Vacation Plan in the event of your death before payment of your vacation benefit. It will also be used for the payment of death benefit from an affiliated plan(s) **only** in the event that you do not have a valid beneficiary on file with the particular plan or if the beneficiary on the file has predeceased you. (Unrelated beneficiaries are not entitled to maximum death benefits)

Working Dues Authorization

Seafarers Vacation Plan

I hereby assign to the Seafarers International Union of North America, Atlantic, Gulf, Lakes & Inland Waters, from vacation payments due or which may become due me by reason of my employment aboard vessels owned or operated by employers and who make contributions of the Plan by reason of my employment, a sum equal to the amount of my regular working dues for each day worked in accordance with Article V. Sec. 1(b) of its Constitution to the Seafarers International Union of North America, Atlantic, Gulf, Lakes & Inland Waters in accordance with invoices submitted to you by such Union and to remit the same monthly to such Union.

This agreement, assignment, authorization and direction shall become operative on the day hereof and shall not be revocable for a period of more than one year or beyond the termination date of the collective bargaining agreement covering my employment, whichever occurs sooner, and to be renewed for successive periods of one year or the termination date of the collective bargaining agreement, whichever is earlier, unless and until upon or before the 30th day prior to any such anniversary date I give you and the Union notice in writing by registered or certified mail, to discontinue this assignment.

I agree to hold you harmless for any payments you may make to the Union pursuant to this agreement, upon the invoices submitted to you by the Union.

Member's Signature _____ Date _____

SPAD Authorization

Seafarers Vacation Plan

I hereby assign, direct and authorize you to deduct from payments required to be made by you to me for vacation benefits and at the time of such payments, a sum equal to fifty cents per day for which I am entitled to vacation benefit payments and to pay and transfer such amounts to SPAD, 5201 Auth Way, Camp Springs, MD 20746.

In addition to the above \$.50 daily contribution and understanding the critical need for legislative and political activities to help preserve the U.S.-flag merchant fleet, I also would like to contribute an extra daily amount as indicated below:

Please place a check mark next to the desired amount: \$.50 \$1.00 \$1.50 \$2.00 or

Write in your own amount of a voluntary additional daily contribution: \$ _____

This authorization shall remain in full force and effect unless written notice by certified mail is given by me to you of revocation of this authorization, in which event the revocation shall be effective as of the date you receive it and applicable only to vacation benefits both earned and payable to me thereafter.

I acknowledge advice and understand that SPAD is a separate segregated fund established and administered by my Union to engage in political activities and to make contributions and expenditures for candidates seeking political office and solicits and accepts only voluntary contributions, and I have the right to refuse to make any contributions, including this authorization, without fear of reprisal. I may contribute directly to SPAD such amounts as I may voluntarily determine in lieu of signing this authorization and that the specified amount herein provided is to minimize administrative responsibilities and costs consistent with the facilitation for the making of voluntary contributions. And this authorization for contributions constitutes my voluntary act. A copy of SPAD's report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

I certify that I am a citizen of the United States or that I have been admitted for permanent residence and have a valid green card.

Member's Signature _____ Date _____

Contributions or gifts to SPAD are not tax deductible.

REMINDER: If there has been a change in any of your dependents (marriage, divorce, or birth of a child). Remember to update your enrollment information with the Seafarers Health and Benefits Plan. Submit copies of your marriage certificate, divorce decree and birth certificates of your children. Make sure that all of your Beneficiary designations are up to date.