

#### **Membership Affiliation:** Connolly-Pacific



# AUTHORIZATION AND APPLICATION FOR MEMBERSHIP

To The Officers and Members of:

# DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO) of the NATIONAL MARINE ENGINEERS' BENEFICIAL ASSOCIATION (AFL-CIO)

I hereby apply for membership in the District No. 1-PCD, M.E.B.A. (AFL-CIO).

I do hereby authorize and designate the union, District No. 1-PCD, M.E.B.A. (AFL-CIO) as my sole collective bargaining representative to represent me and, in my behalf, to negotiate and conclude all agreements as to wages, hours of labor, and other employment conditions.

It is understood that the Union has the absolute right to reject or terminate this Application at any time prior to my admission as a member into the Union. I also understand that in the event I voluntarily terminate my applicant status or I am dropped from applicant status due to non-payment of initiation or service fees, I shall not be entitled to any refund or reimbursement of such initiation or service fees.

I understand and agree that it shall be exclusively my obligation to notify the Union in writing when I have fulfilled the requirements for membership as set forth in the Constitution, By-Laws, Rules and Regulations of the Union, and any applicable Application Information Fact Sheet which are available upon request.

Pending my admission as a member into the Union, I shall be obligated to pay to the Union a service fee equal to what is being paid by members of their dues and I shall be entitled to exercise and enjoy only such rights and privileges (including shipping rights) as may be accorded to me under the outstanding Constitution, By-Laws, Rules, Regulations of the Union, and any applicable Application Information Fact Sheet.

It is further understood and agreed that the processing of my application for membership is subject to and conditioned upon the Constitution, By-Laws, Rules and Regulations of the Union and any applicable Application Information Fact Sheet covering such subject.

(Print Name of Applicant)	
(Signature of Applicant)	(Date)

### M.E.B.A. MEMBER & APPLICANT DATA SHEET

Name:	Gend	er (M/F):
(Last)	(First) (M.I)	, ,
(Social Security Number)	(Home Phone Number)	(Cell Phone Number)
Address of Record:		
(Street Address)	(City, State)	(Zip)
Mailing Address: (If same as	address of Record put "same")	
(Street Address)	(City, State)	(Zip)
(E-mail Address)	(M.E.B.A. Book Number	er) (Book Issued: Mo/Day/Y
(Birth Date)	(Birthplace: City/State/Country)	(Date Naturalized, City)
(Current MMC Endorsements)		
(Endorsements continued)	(Reference Number)	(MMC Expiration)
(TWIC Number)		(TWIC Expiration)
(Passport Number)		(Passport Expiration)
Next of Kin:		
(Name: Last, First)		(Relationship)
(Contact Address)		(Phone Number)
Personal Information:		
(Status: Single, Married, Divorced)	(Name of Spouse)	(Number of Dependents)
(Height)	(Weight) (Ey	e Color) (Hair Color)
Signature:	Dat	e:

## I. PRIOR MEMBERSHIP Have you ever previously made application for M.E.B.A. membership? If **Yes**, Where: \_\_\_\_\_ When:\_\_\_\_ (Date of Application) \_\_Dropped \_\_ Withdrawn Prior Membership \_\_ Rejected Have you ever been found guilty of charges or suspended from the shipping or night list in this Union? \_\_\_\_\_. If Yes, explain reason: \_\_\_\_\_ II. PRESENT/PRIOR EMPLOYMENT: Have you ever been employed as a licensed marine officer on U.S. flag vessels not working under a contract to District No. 1 – PCD, MEBA? (Yes or No) If **Yes**, supply information covering ALL such employment (use separate sheet if necessary): COMPANY/UNION **SHIP** RATING FROM TO List all Employment in the last three (3) years not listed above (use separate sheet if necessary) **COMPANY** CITY/STATE **POSITION** FROM TO III. EDUCATION Are you a Maritime Academy graduate? \_\_\_\_ (Yes or No) (Academy) (Graduation Date) (If no, then what is the Highest Level of Education for which you have received a diploma?) (Name of School; City, State and Year Graduated) **IV. UNION AFFILIATIONS** (Check here if none \_\_\_\_) Present Union Affiliations (Refer to Obligation for other licensed marine officers' organizations): \_\_\_\_\_ Status \_\_ Name (Present Union and Local) (Member, Applicant, Journeyman, Apprentice) Former Union Affiliations Other Than District No. 1 – PCD, MEBA: \_\_\_\_\_ Status \_ Name (Suspended, dropped, expelled, withdrew) (Former Union and Local)

#### DISTRICT NO. 1-PCD, MEBA (AFL-CIO) INITIATION FEE AGREEMENT

I understand and agree that as an Applicant for Membership in District No. I - PCD), MEBA, I will pay the Association's Initiation Fee of \$1,000.00 in accordance with the terms and conditions that are set forth below:

- 1. I hereby agree that upon accepting employment through the offices of District No. 1- PCD, MEBA, I will pay the sum of \$40.00 per month, each month, until the total sum of \$1,000.00 is paid.
- 2. The first payment shall be due and owing thirty (30) days after I first accept employment through the offices of District No. I PCD, MEBA.
- 3. I understand that if my Initiation Fee is not paid in full after the 25-month period, subsequent to my first date of employment, I will be obligated to complete payment of the balance due on such Fee within thirty (30) days after the completion of said 25-month period.

I further understand that I will forfeit any monies paid toward such Initiation Fee, if I do not comply with the above provisions of this Agreement.

	Signature of Applicant
TNESS:	
	Date

# POWER OF ATTORNEY KNOW ALL MEN BY THESE PRESENT, THAT

I, Social Security nominate, constitute and appoint Bill VanLoo as Secretary	ty No do here	eby
nominate, constitute and appoint Bill VanLoo as Secretary-1-PCD, Marine Engineers' Beneficial Association (AFL-C Washington, DC 20001, my true and lawful attorney in following and no other purposes for the period of five (5) y	-CIO), 444 North Capitol Street, NW, Suite 8 fact, for me and in my place and stead for	
1. To open any envelope addressed to me care of Dist Street, NW, Suite 800, Washington, DC 20001 and deliver District No. 1-PCD, MEBA by the MEBA Vacation Plan a to my order by MEBA Vacation Plan as payment of vacation	ered by hand or through the United States Mai and to take there from any check or checks m	
2. To endorse my name on such checks or checks for deposit such check in any bank account of District No. 1-P PCD, MEBA; and		
3. To deduct from the proceeds of such check or check initiation fee and/or vacation dues or service charge then do MEBA in accordance with the By-Laws of District No. 1-F regulations; and	due and owing from me to District No. 1-PCD	),
4. To mail to me at the address specified on the vacat PCD, MEBA to any order in a sum equal to the balance rer Vacation Plan check after making the aforesaid deductions setting forth the amount of the MEBA Vacation Plan check charge and the balance remaining, and if the deductions equivacation Plan check, to mail to me a written statement of a service charge then still due and owing by me to District N deductions.	emaining from the amount of the said MEBA as together with a written statement of account ek, the amount deducted for dues or service equal or are in excess of the said MEBA caccount, and the amount, if any, of dues or	t
AND, I hereby give and grant unto my said attorney in fact every act necessary, requisite or proper to be done in and a or could do were I personally present, with full power of su that my said attorney in fact shall lawfully do or cause to be	about the aforesaid premises as fully as I migh substitution, hereby ratifying and confirming a	
IN WITNESS WHEREOF, I have hereunto set my hand an	and seal this day of 20	<u>_</u> .
In presence of:	(Full Signature of Applicant)	
FOR THE STATE OF:		
COUNTY/PARISH OF:		
On this day of, 20 before me pe	personally appeared	,
to me personally known and known to me to be a person w and duly acknowledged that he/she executed the same.	who executed the foregoing power of attorney  (Affix Notary Public – Sea	
(Signature of Notary)		

DSA-04POA: 7/07

# DISTRICT NO. 1-PCD, MEBA (AFL-CIO) **MEBA Vacation Plan Authorization**

To: MEBA Vacation Plan 444 N. Capitol Street, NW Suite 800 Washington, DC 20001

Dear Sir:

For the period of five (5) years from the date hereof, will you kindly send to me care of District No. 1 – PCD, MEBA (AFL-CIO), Suite 800, 444 N. Capitol Street, N.W., Washington, D.C., 2001, any checks for vacation due me under the MEBA Vacation Plan for which I may or may not from time to time file the appropriate vacation claim.

(Signature)	(Date)
(Print Name)	(Social Security Number)
(Address of Record)	
(City, State, Zip)	

# DISTRICT NO. 1-PCD, MEBA (AFL-CIO) ACKNOWLEDGEMENT OF DUTIES

- 1. Whereas the undersigned has made application for membership in District No. 1 MEBA for the purpose of sailing as a licensed marine officer aboard merchant vessels; and
- 2. Whereas in addition to being an integral part of commerce and trade, the United States Merchant Marine plays an important part in carrying out the foreign policy of the United States Government; and
- 3. Whereas the Merchant Marine's role in carrying out foreign policy includes the transport of troops, munitions and other supplies for military forces of the United States and her allies to various parts of the world as required by the foreign policy:

LET IT BE KNOWN that the undersigned hereby acknowledges the above and further states that he will not refuse employment on a vessel, secured through the hiring hall of District No. 1 – PCD, MEBA carrying cargoes implementing American foreign policy as described in No. 3 above and will serve aboard vessels having such cargoes.

(Print Name of Applicant)	(Signature of Applicant)
(Witness)	(Date)
	(Signature of Parent or Legal Guardian)
(Print Name	of Parent or Legal Guardian) (Relationsh

(In the event the Applicant is under the age of 21 years, this Agreement must be signed by one of the Parents of the Applicant or his Legal Guardian.)



I, of my own free will and accord, do hereby solemnly and sincerely promise, swear and affirm that I will never impart any internal documents, contracts, proceedings of any meetings or any other verbal or written information deemed confidential or proprietary of the District No. 1 – PCD, M.E.B.A. (AFL-CIO) to any person not duly and justly qualified to receive same. I also bind myself not to join or belong to any other organization of licensed marine officers while I am a member or an applicant of this Organization. I also will not accept any employment outside of the M.E.B.A. utilizing my marine officer license without the permission of the Union in accordance with the M.E.B.A. By-Laws and Shipping Rules. I will faithfully obey and use my earnest endeavors to carry out the provisions of the Constitution, By-Laws, Shipping Rules and Regulations of the National Marine Engineers' Beneficial Association (AFL-CIO) and of this Organization and its Affiliates.

I have carefully read and signed the Obligation of my own free will and accord. It being understood that it in no way will interfere with my Social, Political or Religious rights.

Further, I understand that as an M.E.B.A. applicant, I will voluntarily relinquish any job received through this organization if I fail to become an elected member of this organization within the required time.

(Signature of Applicant)	(Date)
(Print Name of Applicant)	(Social Security Number)
(Witness)	

# DISTRICT NO. 1-PCD, MEBA (AFL-CIO) Effective Date of Application

To:	DIC					
	D1-PCD, MEBA (AF					
	444 N. Capitol Street, Suite 800	NW				
	Washington, DC 2000	)1				
	<b>8</b> ,					
Dear	Sirs:					
I was	s an individual who thro	ough an in	nmediate ne	eed of t	he Union wa	as unable
to co	mplete the application l	pefore join	ning the MI	EBA co	ontracted ves	ssel,
	(Name of Vessel)	on		as		
	(Name of Vessel)		(Mo/Day/Yr)		(Position)	
Atta	ched find a copy of the	dispatch for	or the vesse	el, a co	py of the rec	eipt for
payn	nent of the service fee fi	om that q	uarter and	а сору	of the certif	icate of
discl	narge for the vessel also	showing	completion	of ass	ignment. I r	equest to
have	my Date of Application	ı backdate	ed to reflect	the da	te of dispato	eh. I
unde	rstand this is only effec	tive for ar	ny assignme	ents ma	de after Jan	uary 1,
2003						
Very	Truly Yours,					
	(Signature)				(Date)	
	(Print Name)		(Soc	cial Sec	curity Numb	er)
Unic	on Official's Signature	.:c.: 1	13	r 1°	-4- NI 1\	_ SEAL
	( V	anying doo	cuments and	ımmeata	ne need)	

# DISTRICT NO. 1-PCD, MEBA (AFL-CIO) APPLICANT IDENTIFICATION FORM

The following information is requested with your Authorization and Application for Membership in order for District No. 1-PCD, MEBA (AFL-CIO) to be in compliance with the regulations issued by the Equal Employment Opportunity Commission under Title VII of the Civil Rights Act of 1964.

Pleas	e check the applicable bo	xes:	
	Male		Female
	White		Black
	Hispanic		Asian or Pacific Islander
	American Indian or Alas	skan N	ative
	None of the above		
	used for any other purpo Equal Employment Opp	ose than ortunit	or self-identification and will not be in the filing of the required reports to the ty Commission.
		(W	Titness)
		(.	Date)



### **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but not			•	st complete an	d sign Se	ection 1 o	of Form I-9 no later
Last Name (Family Name)	First Name (Given Name	Middle Initial	Other L	ast Name	s Used <i>(if any)</i>		
Address (Street Number and Name)	Apt. Number	or Town			State	ZIP Code	
Date of Birth (mm/dd/yyyy)  U.S. Social Security Number Employee's E-mail Address						mployee's	Telephone Number
I am aware that federal law provides for connection with the completion of this f	form.				or use of	false do	cuments in
l attest, under penalty of perjury, that I a	am (check one of the	Ollow	ing boxe	s):			
1. A citizen of the United States							
2. A noncitizen national of the United States	•						
3. A lawful permanent resident (Alien Re							
4. An alien authorized to work until (expire Some aliens may write "N/A" in the expire		-			_		
Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number	ne of the following docur	nent nur	nbers to co			De	QR Code - Section 1 o Not Write In This Space
Alien Registration Number/USCIS Number:     OR	: 			_			
2. Form I-94 Admission Number: OR				_			
3. Foreign Passport Number:							
Country of Issuance:				_			
Signature of Employee				Today's Dat	e (mm/dd/	/уууу)	
Preparer and/or Translator Certif  I did not use a preparer or translator.  (Fields below must be completed and sign	A preparer(s) and/or tra	anslator(				-	
l attest, under penalty of perjury, that I h knowledge the information is true and c		comple	etion of S	ection 1 of th	is form a	and that	to the best of my
Signature of Preparer or Translator					Today's [	Date (mm/	(dd/yyyy)
Last Name (Family Name)			First Name	e (Given Name)			

Employer Completes Next Page





### **Employment Eligibility Verification Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS** Form I-9

OMB No. 1615-0047 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You

must physically examine one documents.")										from List C as listed on the "Lis
Employee Info from Section 1	Last Nan	ne (Fam	ily Name)		First I	Name (Give	n Name	e) N	M.I.	Citizenship/Immigration Statu
List A Identity and Employment Aut	horization	OR 1			List B dentity		AN	ID	'	List C Employment Authorization
Document Title			Document T	itle				Documer	nt Title	
Issuing Authority			ssuing Auth	ority				Issuing A	Authori	ty
Document Number			Document N	lumber				Docume	nt Num	nber
Expiration Date (if any)(mm/dd/yyy	/y)	E	Expiration D	ate (if ar	ny)(mm/dd	<i>(</i> уууу)		Expiratio	n Date	e (if any)(mm/dd/yyyy)
Document Title										
Issuing Authority			Additiona	Informa	ation					QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number										
Expiration Date (if any)(mm/dd/yyy	/y)									
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any)(mm/dd/yyy	/y)									
Certification: I attest, under per (2) the above-listed document (employee is authorized to world	s) appea	r to be g	genuine ar							
The employee's first day of e				/):		(	See in:	struction	ns for	exemptions)
Signature of Employer or Authorize	ed Repres	entative		Today's	Date(mm/	(dd/yyyy)	Title c	of Employe	er or A	uthorized Representative
Last Name of Employer or Authorized	Representa	ative F	First Name of	Employer	r or Authoriz	ed Represen	itative	Employe	er's Bus	siness or Organization Name
Employer's Business or Organizati	ion Addres	ss (Stree	t Number a	nd Name	e) City o	r Town			Sta	te ZIP Code
Section 3. Reverification	and Re	hires (	To be com	pleted a	and signe	d by emplo	oyer or	authorize	ed rep	presentative.)
A. New Name (if applicable)							E	B. Date of	Rehire	e (if applicable)
Last Name (Family Name)		First Na	me (Given I	Vame)		Middle Init	ial	Date (mm	/dd/yyy	(y)
C. If the employee's previous grant continuing employment authorization					red, provid	e the inform	ation fo	r the docu	ument o	or receipt that establishes
Document Title				Doci	ument Nur	nber			Expira	ation Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjur										
Signature of Employer or Authorize					nm/dd/yyyy					zed Representative

# LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A  Documents that Establish  Both Identity and  Employment Authorization	OR	LIST B  Documents that Establish Identity  AN	۱D	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a		Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye	1.	A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH
	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  Employment Authorization Document		color, and address  2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth,	2.	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of Birth Abroad issued
5.	that contains a photograph (Form I-766)  For a nonimmigrant alien authorized to work for a specific employer		gender, height, eye color, and address  3. School ID card with a photograph  4. Voter's registration card		by the Department of State (Form FS-545)  Certification of Report of Birth issued by the Department of State
	<ul> <li>because of his or her status:</li> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:</li> <li>(1) The same name as the passport;</li> </ul>		U.S. Military card or draft record     Military dependent's ID card     U.S. Coast Guard Merchant Mariner Card	4.	(Form DS-1350)  Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	and (2) An endorsement of the alien's nonimmigrant status as long as		Native American tribal document     Driver's license issued by a Canadian	5. 6.	Native American tribal document  U.S. Citizen ID Card (Form I-197)
	that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<ul><li>10. School record or report card</li><li>11. Clinic, doctor, or hospital record</li><li>12. Day-care or nursery school record</li></ul>	8.	Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form I-9 11/14/2016 N Page 3 of 3

### CONNOLLY-PACIFIC & DISTRICT NO. 1 M.E.B.A. (AFL-CIO) FACT SHEET

In consideration of the waiver by Connolly-Pacific and District No. 1-M.E.B.A. (AFL-CIO) of the requirements that the Connolly-Pacific initiation fee in the full amount of one thousand dollars (\$1000.00) to be paid together with this application for membership, I hereby agree to deposit with this application twenty-five percent (25%) of the full initiation fee in addition to the regular quarterly service fee of one hundred fifty dollars (\$150.00). I also agree to complete payment of the balance owed on the full initiation fee within one year from the date of my application and to continue to pay the regular service fee quarterly, in advance. If desired, the company will establish an automatic dues payment from the employee's paycheck upon receiving a dues authorization form.

I understand that in the event my application for membership be rejected, you will be so notified and your initial service charge payment/s will be refunded. I also understand that no guarantee of employment is either expressed or implied by the union and that once the application is accepted no refunds of initiation fees or service charges will be made.

Upon acceptance of your authorization and application for membership, you will be classified as an applicant for membership, Connolly-Pacific, District No. 1-M.E.B.A. (AFL-CIO). I further understand that I am not permitted to transfer out of Connolly-Pacific until such time as I become a full member of District No. 1, M.E.B.A.

If you elect to quit Connolly-Pacific, or your employment is terminated for reasons not related to Union activity prior to completing two years of service, and thereafter desire to obtain employment aboard vessels covered by other District agreements, you will then be required to file a new application.

The Union therefore expects that the applicant will complete the requirements set forth in the Connolly-Pacific, District No. 1-M.E.B.A. (AFL-CIO) program and any failure to complete the requirements will forfeit and void the authorization and the application made by you for membership.

I have read, understand, and agree to t	he above as witnessed by my hand this day of
, 20	
Witnessed	(Signature of Applicant)



5.

6.

7.

8.

# WITHHOLDING AUTHORIZATION FOR M.E.B.A. POLITICAL ACTION **FUND (PAF) CONTRIBUTIONS**

	monthly contribution of:	thhold my
	□ \$25.00 □ \$50.00 □ \$100.00 □% Other \$_	
	from my earnings in order to make political contributions to the M.E.B.A. Polit Fund ("PAF"), 444 North Capitol Street, N.W., Suite 800, Washington, D.C. 200	tical Action 01.
	☐ I am sending a one-time donation via check or money order in the \$	amount of
	This Authorization is voluntarily made based on my specific understanding that:	
1.	1. Signing of this Authorization and the making of these voluntary contributions are not of membership in or of employment by the M.E.B.A.;	conditions of
2.		delines:
	3. I may refuse to contribute without reprisal;	defines,
4.	<ol> <li>The M.E.B.A. PAF, which is connected with the M.E.B.A., will use the voluntary contribution for political purposes, including but not limited to making contributions to and expenditures for for federal, state and local offices;</li> </ol>	ns it receives or candidates
5.	5. Contributions of gifts to the M.E.B.A. PAF are not deductible as charitable contributions for fe	deral income
	tax purposes;	
6.	<ol> <li>Federal law requires political committees to report to the Federal Elections Commission the na address, occupation and the name of employer for each individual whose contributions aggreg of \$200.00 in a calendar year;</li> </ol>	ame, mailing ate in excess
7.	<ol> <li>Washington State law prohibits an employer or other person from withholding a portion of earnings in order to make contributions to a political committee that must report to the Public</li> </ol>	c Disclosure
8.	Commission or to a candidate or state or local office without written permission from that indiv 8. I may revoke this Authorization at any time.	idual; and
	Printed Name: Date:	
	Date.	
	Mailing Address:	Print and the Control of the Control
		1000 MO Andrough Communication Confession Space and Confession Con
	Occupation:	
	Signature:	
	Digitatio.	

### **Instructions for Completing Permanent Data Forms**

You must complete a Permanent Data Form if you are a new Participant, if you are adding a Dependant, if your marital status changes, or if your dependant's eligibility status changes.

The following documents must be included with your completed Permanent Data Form:

#### Married

• If you are married – a copy of your marriage certificate.

#### Children

- Biological children a copy of each child's birth certificate.
- Adopted children a copy of each child's adoption papers and birth certificate.
- Stepchildren a copy of each child's birth certificate, a copy of your most recent IRS tax filing, a copy of that part of your spouse's divorce decree that assigns responsibility for the stepchild's medical care.
- Grandchildren a copy of each child's birth certificate, proof of legal custody awarded by a court or state agency, a copy of your most recent IRS tax filing, (additional documentation may be required).

#### **Dependant Parents**

• Dependant Parents – a copy of your most recent IRS tax filing as proof that you claim your parent as a dependant on your tax return. You will be required to provide proof of support of your parent(s) annually.

Your parent(s) may be covered as a dependant only if:

- (1) you do not have a spouse, you do not have natural or adopted children under the age of 26, and you do not have stepchildren under age 19 (or 23, if full-time students); and
- (2) you contribute at least one-half of the support of the parent being claimed as a dependant, claim your parent as a dependant on your IRS tax return, and you submit a copy of your most recent IRS tax filing as proof of support.

#### Additional Requirements for Adult Children (over age 18)

#### Biological and Adopted Children Age 19 through 25

- Your biological and adopted adult children under the age of 26 may be covered as a dependant provided they are **not** eligible for other employment based coverage (other than parent's coverage). Employment based coverage is coverage that an adult child is eligible for due to the employment of the child or the child's spouse, regardless of whether the child enrolls in such coverage.
- You are required to verify the availability of employment based coverage for each biological and adopted adult child each year.

#### Stepchildren and Grandchildren

- Your stepchildren and grandchildren age 19 through age 22 may be covered as a dependant provided they are full-time students.
- Student status forms are available from the Plan Office or on the Plan website (www.mebaplans.org).
- You are required to verify full-time student status for each stepchild and/or grandchild each year.

#### **Change in Marital Status**

#### Marriage

• If you are single and become married, you must notify the Plan Office and submit a copy of your marriage certificate with your new Permanent Data Form to enroll your new spouse.

#### Divorce or legal separation

- If you are married and become divorced or legally separated, you must notify the Plan Office immediately and submit a copy of your divorce decree, legal separation agreement or your written agreement to live separately within 30 days, along with your new Permanent Data Form.
- If you are divorced and are keeping your children as dependants in the Plan, you must provide additional information about other coverage the children may have, such as through your former spouse (or his or her new spouse, if remarried), so that the Plan can properly coordinate benefits. If included in your divorce decree, a copy of the portion that assigns responsibility for medical care may be needed to determine order of payment.

#### **Address and Address Changes**

- If you use a PO Box as either your permanent address or your mailing address, you must also provide a physical address.
- If you are advising the Plan of a change of address <u>only</u> and have no other changes to make you can complete a new Permanent Data Form or you can simply notify the Plan Office in writing of the address change. Include your name and social security number. The Participant <u>must</u> sign this notification in order to allow the Plan Office to change your address.

### **IMPORTANT - When Coverage Terminates**

If you and/or your dependant no longer meet the eligibility requirements your coverage and/or your dependant's coverage will end. You are required to notify the Plan Office in writing and within 30 days of events that impact your and/or your dependant's eligibility under the Plan. Events that may lead to ineligibility and a loss of coverage under the Plan include, but are not limited to:

- Failure to report a divorce;
- Failure to report a legal separation;
- Failure to report a child's eligibility for other coverage, including the availability of such coverage;
- For stepchildren and grandchildren, failure to report a change in student status, a change in residency or a change in support;
- For stepchildren and grandchildren, failure to report a child's marriage;
- For grandchildren, failure to meet the grandchild eligibility rules; and
- Failure to pay any required premiums (e.g., COBRA, pensioner contributions, Alternate Plan premiums) timely.
- For Pensioners, return to work under certain circumstances without the permission of the Trustees.

If you do not timely notify the Plan Office of an event that causes a change in your or your dependant's eligibility under the Plan, you will be required to reimburse the Plan for benefits that were paid after your and/or your dependant's coverage terminated.

In addition, your or your dependant's coverage under the Plan may be terminated retroactively in the case of fraud or intentional misrepresentation.

MEBA Medical & Benefits Plan 1007 Eastern Avenue Baltimore, MD 21202-4345 410-547-9111 \* 800-811-MEBA (6322) \* 410-547-6665 (Fax) \* www.mebaplans.org

### PERMANENT DATA FORM

COMPLETE BOTH PAGES OF THIS FORM , SIGN AND DATE WHERE INDICATED, AND RETURN TO THE PLAN OFFICE IN BALTIMORE

Member Name								
	Last Name			First Na	ame		Ini	tial
Social Security Number								
Date of Birth (mm/dd/yyyy)				Sex (Select on	e)	<ul><li>Male</li><li>Female</li></ul>		
Home Telephone Number	(Area Code:		)					
Cellular Phone Number	(Area Code:		)					
E-mail address (If applicable)				@				
Affiliation (Check One)	O District No. 1	-PCD	, MEBA O	Plan Empl	oyee O	Union Employ	vee O Other:	:
Active/Pensioner (Check One)	O Active O Pens	sioner	If Activ	vely Empl	loyed, N	Jame of Prese	ent Employe	er:
Marital Status (Check One)	O Single O	Marri	ed O Wid	owed O	Divorceo	l O Legally S	Separated	
Date Married, Widowed, Divorced or Legally Separated (mm/dd/yyyy)			O Married	○ Widov	wed O	Divorced O	Legally Sepa	rated
Permanent Address	Number & Stree	et						
(Home of Record):	City, State, Zip	)						
Mailing Address (if different than Permanent Address	Number & Stree	et						
above):	City, State, Zip							
DEPEN	DANTS TO BE A		ED TO YO 'FULL NA		OICAL (	COVERAGI	E	
				,,				STEP/GRAND
LAST NAME FIRST NAME INITI	AL (MM/DD/YYYY)	D	EPENDANT S	SN		TO MEMBE	ER	CHILD CHECK IF
					o Spot	CHECK ONI	Е	• Yes
					∘ Chil		pted Child	o No
						child o Gran	•	
If dependant is an adult child/adopted If eligible for Employment Based Cov		_	_	-	Based Co	verage? (che	eck one) OY	'es ○ No
Child's Employer Name	Child's Employe			JIIS	Child's	Employer Phone	e	
Cinia s Zinproyer i mino	Cinia s Employer Address			Cana a Employer Filono				
Child's Spouse's Employer Name	Child's Spouse's	Child's Spouse's Employer Address			Child's Spouse's Employer Phone			

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN	RELATIONSHIP TO MEMBER CHECK ONE	STEP/GRAND CHILD CHECK IF FT STUDENT	
					○ Child ○ Adopted Child	o Yes	
					○ Stepchild ○ Grandchild	o No	
If dependant is	an adult child/	adopted cl	nild, is he or she	eligible for Employment	Based Coverage? (check one) O	Yes O No	
		sed Covera		e following sections	-		
Child's Employer	Name		Child's Employe	r Address	Child's Employer Phone		
Child's Spouse's	Employer Name		Child's Spouse's	Employer Address	Child's Spouse's Employer Phone		
						L company (con ) and	
			DATE OF BIRTH		RELATIONSHIP	STEP/GRAND CHILD	
LAST NAME	FIRST NAME	INITIAL	(MM/DD/YYYY)	DEPENDANT SSN	TO MEMBER	CHECK IF	
					CHECK ONE	FT STUDENT	
					○ Child ○ Adopted Child	o Yes	
					○ Stepchild ○ Grandchild	o No	
					Based Coverage? (check one) O	Yes O No	
		sed Covera		e following sections			
Child's Employer	Name		Child's Employe	r Address	Child's Employer Phone		
Child's Spouse's	Employer Name		Child's Spouse's Employer Address		Child's Spouse's Employer Phone		
			DATE OF BIRTH		RELATIONSHIP	STEP/GRAND CHILD	
LAST NAME	FIRST NAME	INITIAL	(MM/DD/YYYY)	DEPENDANT SSN	TO MEMBER	CHECK IF	
			,		CHECK ONE	FT STUDENT	
					○ Child ○ Adopted Child	o Yes	
					○ Stepchild ○ Grandchild	o No	
If dependant is	an adult child/	adopted cl	nild, is he or she	eligible for Employment	Based Coverage? (check one) • Y	Yes O No	
-		-	*	e following sections	<i>g</i> : (		
Child's Employer			Child's Employe		Child's Employer Phone		
Child's Spouse's	Employer Name		Child's Spouse's Employer Address		Child's Spouse's Employer Phone		
(Attac	ch a separate sh	eet to you	r Permanent Da	ata Form if you have mor	e than four Dependants)		
Signature of		_			Deta		
Employee					Date		

FORM IS NOT VALID IF NOT SIGNED AND DATED BY PARTICIPANT FORM WILL BE RETURNED IF NOT SIGNED AND DATED.

### **Non-Discrimination Notice**

The Marine Engineers' Beneficial Association (M.E.B.A.) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, applying for membership in M.E.B.A., membership in M.E.B.A., hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

M.E.B.A. is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in membership, employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

# Union Members: Know Your Rights



U.S. Department of Labor Washington, D.C. 20210

Office of Labor-Management Standards

The Labor-Management Reporting and Disclosure Act (LMRDA) guarantees certain rights to union members and imposes certain responsibilities on union officers to ensure union democracy, financial integrity and transparency. The Office of Labor-Management Standards (OLMS) is the Federal agency with primary authority to enforce many LMRDA provisions. If you suspect a violation of these rights or responsibilities please contact the Department of Labor at 1-866-4-USA-DOL.

# **Union Member Rights**

**Bill of Rights -** Union members have:

- equal rights to participate in union activities
- freedom of speech and assembly
- voice in setting rates of dues, fees, and assessments
- protection of the right to sue
- safeguards against improper discipline

## **Copies of Collective Bargaining Agreements -**

Union members and nonunion employees have the right to receive or inspect copies of collective bargaining agreements.

**Reports -** Unions are required to file an initial information report (Form LM-1), copies of constitutions and bylaws, and an annual financial report (Form LM-2/3/4) with OLMS. Unions must make the reports available to members and permit members to examine supporting records for just cause. The reports are public information and copies are available from OLMS.

**Officer Elections -** Union members have the right to:

- nominate candidates for office
- run for office
- cast a secret ballot
- protest the conduct of an election

**Officer Removal -** Local union members have the right to an adequate procedure for the removal of an elected officer guilty of serious misconduct.

**Trusteeships -** Unions may only be placed in trusteeship by a parent body for the reasons specified in the LMRDA.

**Protection for Exercising LMRDA Rights -** A union or any of its officials may not fine, expel, or otherwise discipline a member for exercising any LMRDA right.

**Prohibition Against Violence -** No one may use or threaten to use force or violence to interfere with a union member in the exercise of LMRDA rights.

# **Union Officer Responsibilities**

**Financial Safeguards -** Union officers have a duty to manage the funds and property of the union solely for the benefit of the union and its members in accordance with the union's constitution and bylaws. Union officers or employees who embezzle or steal union funds or other assets commit a Federal crime punishable by a fine and/or imprisonment.

**Bonding -** Union officers or employees who handle union funds or property must be bonded to provide protection against losses if their union has property and annual financial receipts which exceed \$5,000.

**Labor Organization Reports -** Union officers must:

- file an initial information report (Form LM-1) and annual financial reports (Forms LM-2/3/4) with OLMS.
- retain the records necessary to verify the reports for at least five years.

**Officer Reports -** Union officers and employees must file reports concerning any loans and benefits received from, or certain financial interests in, employers whose employees their unions represent and businesses that deal with their unions.

**Officer Elections -** Unions must:

- hold elections of officers of local unions by secret ballot at least every three years.
- conduct regular elections in accordance with their constitution and bylaws and preserve all records for one year.
- mail a notice of election to every member at least 15 days prior to the election.
- comply with a candidate's request to distribute campaign material.
- not use union funds or resources to promote any candidate (nor may employer funds or resources be used).
- permit candidates to have election observers.
- allow candidates to inspect the union's membership list once within 30 days prior to the election.

**Restrictions on Holding Office -** A person convicted of certain crimes may not serve as a union officer, employee, or other representative of a union for up to 13 years.

**Loans -** A union may not have outstanding loans to any one officer or employee that in total exceed \$2,000 at any time.

**Fines -** A union may not pay the fine of any officer or employee convicted of any willful violation of the LMRDA.

# M.E.B.A. DATABASE UPDATE FORM

(Please fil<mark>l out this form completely)</mark>

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Name: _		~	RS' BENEFIC				
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2 AE	2 AE	2 AE	2 M				
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