



# DEEP-SEA APPLICATION CHECKLIST

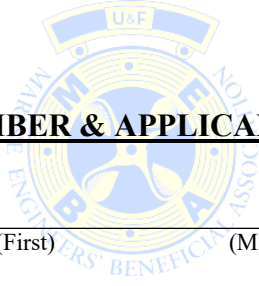
TO BE COMPLETED BY AN AUTHORIZED UNION OFFICIAL

Applicant's Name: \_\_\_\_\_  
Last First M.I.

Applicant's SSN (last 4 digits): \_\_\_\_\_ Date of application: \_\_\_\_\_

Port of application: \_\_\_\_\_ Union Official: \_\_\_\_\_

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- Copy of TWIC card: expires \_\_\_\_\_
- Copy of current service fee receipt: from \_\_\_\_\_ to \_\_\_\_\_
- Copy of completed application forms supplied to applicant, Original completed application forms sent to HQ



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

**Name:** \_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_  
(Last) (First) (M.I)

\_\_\_\_\_  
(Social Security Number) (Home Phone Number)

\_\_\_\_\_  
(E-mail address) (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)

**Document Information:**

\_\_\_\_\_  
(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:**

\_\_\_\_\_  
(Birth Date) (Birthplace: City/State/Country) (Date Naturalized, City)

\_\_\_\_\_  
(Height) (Weight) (Eye Color) (Hair Color)

\_\_\_\_\_  
(Status: Single, Married, Divorced) (Name of Spouse) (Number of Dependents)

**I. PRIOR MEMBERSHIP**

Have you ever previously made application for M.E.B.A. membership? \_\_\_\_\_

If Yes, Where: \_\_\_\_\_ When: \_\_\_\_\_  
(Branch) (Date of Application)

Prior Membership \_\_\_ Rejected \_\_\_ Dropped \_\_\_ Withdrawn

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):

Name \_\_\_\_\_ Status \_\_\_\_\_  
(Present Union and Local) (Member, Applicant, Journeyman, Apprentice)

Former Union Affiliations Other Than District No. 1 – PCD, MEBA:

Name \_\_\_\_\_ Status \_\_\_\_\_  
(Former Union and Local) (Suspended, dropped, expelled, withdrew)



Membership Affiliation: Deep Sea

## **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)



## **DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO) INITIATION FEE AGREEMENT**

I understand and agree that as an Applicant for Membership in District No. 1 – PCD, M.E.B.A., I will pay the membership Initiation Fee of \$4,000.00 in accordance with the terms and conditions set forth below:

1. I hereby agree that upon accepting employment through the offices of District No. 1 – PCD, M.E.B.A., I will pay the sum of \$160.00 per month, each month, until the total sum of \$4,000.00 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. 1 – PCD, M.E.B.A.
3. I understand that payments toward my Initiation Fee that become due and owing will be deducted from the proceeds of my vacation benefits, in accordance with the policy and procedures set up by the District.
4. Authorization for these deductions has been given by me on appropriate forms that were provided with my Application for Membership.
5. I understand that if my Initiation Fee is not paid in full within a 25-month Period commencing when I first accept employment through the office of District No. 1-PCD, M.E.B.A., I will be obligated to complete payment of the outstanding balance of my membership Initiation Fee within thirty (30) days.

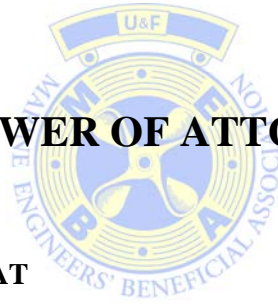
I further understand I will forfeit any monies paid toward my membership Initiation Fee if I do not comply with all the provisions of this Agreement.

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# LIMITED POWER OF ATTORNEY FORM

## BY THIS DOCUMENT, KNOW THAT

I, \_\_\_\_\_ Social Security No. \_\_\_\_\_ do hereby nominate, constitute and appoint Secretary-Treasurer Bill Van Loo, or his successor at District No. 1-PCD, Marine Engineers' Beneficial Association (AFL-CIO), 444 North Capitol Street, NW, Suite 800, Washington, DC 20001, my lawful attorney to act for me and in my place for the period of five (5) years from the date below, for the following specific purposes:

1. To open any envelope addressed to me care of District No. 1-PCD, M.E.B.A., 444 North Capitol Street, NW, Suite 800, Washington, DC 20001 whether delivered by hand or through the United States Mail or other commercial delivery service from the M.E.B.A. Vacation Plan and to take any check or checks made to my order by the M.E.B.A. Vacation Plan as payment of vacation benefits.
2. To endorse my name on such checks or checks for me and in my name from the M.E.B.A. Vacation Plan and to deposit such check in any bank account of District No. 1-PCD, M.E.B.A., for the credit of District No. 1-PCD, M.E.B.A.;
3. To deduct from the proceeds of such check or checks received from the M.E.B.A. Vacation Plan a sum equal in amount to the amount of initiation fee and/or vacation dues or service charge then due and owing from me to District No. 1-PCD, M.E.B.A. in accordance with the By-Laws of District No. 1-PCD, M.E.B.A. and its applicable rules and regulations;
4. To mail to me at the address specified on the M.E.B.A. Vacation Plan Authorization form a check from District No. 1 - PCD, M.E.B.A. in a sum equal to the balance remaining from the amount of the M.E.B.A. Vacation Plan check after making the appropriate deductions together with a written statement of account setting forth the amount of the M.E.B.A. Vacation Plan check, the amount deducted for dues or service charge and the balance remaining from the check and to mail to me a written statement of account, and the amount, if any, of dues or service charge still due and owing by me to District No. 1- PCD, M.E.B.A.

I hereby give and grant power of attorney to do and perform every act necessary to complete the acts referenced above as fully as I might or could do were I personally present, with full power of substitution, hereby ratifying and confirming all that my said attorney in fact shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

In presence of:

\_\_\_\_\_

(Full Signature of Applicant)

FOR THE STATE OF:

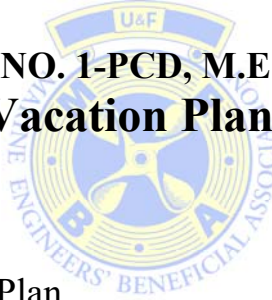
COUNTY/PARISH/BOROUGH OF:

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_, to me personally known and known to me to be a person who executed the foregoing power of attorney and duly acknowledged that he/she executed the same.

(Affix Notary Public – Seal)

\_\_\_\_\_  
(Signature of Notary)

**DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO)**  
**M.E.B.A. Vacation Plan Authorization**



To: M.E.B.A. Vacation Plan  
1007 Eastern Ave.  
Baltimore, MD 21202

Attn: M.E.B.A. Vacation Plan Administrator:

For the period of five (5) years from the date below, please send to me any checks for vacation due me under the M.E.B.A. Vacation Plan for which I may from time-to-time file the appropriate vacation claim care of District No. 1 – PCD, M.E.B.A. (AFL-CIO), Suite 800, 444 N. Capitol Street, N.W., Washington, D.C., 2001,

Very Truly Yours,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Address of Record)

\_\_\_\_\_  
(City, State, Zip)

WITNESS NAME: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_



**District No. 1-PCD, M.E.B.A. (AFL-CIO)**  
**Deep-Sea Applicant Information**  
**Fact Sheet**



(Attachment for Application for Membership under the March 2003 provisions, for the Deep-Sea Bargaining Unit)

Your Application is subject to the following terms and conditions:

1. Governing Rules and Regulations

Unless otherwise specifically modified by this attachment to your application for membership, your application for membership is subject to all the rules, regulations, terms and conditions contained in the National M.E.B.A. Constitution, the Constitution of District No. 1-PCD, M.E.B.A., the By-Laws of District No. 1-PCD, M.E.B.A., the Shipping Rules, and the Rules and Regulations promulgated by the National Executive Committee and/or the District Executive Committee (DEC) currently in effect or as may be amended in the future. The applicant's attention is directed to rules and regulations, number 3, regarding applications for membership in the National M.E.B.A. and a duly affiliated District thereof.

2. Licensing Requirement

a. Possession one of the following licenses:

- i. Current and Valid Third Assistant Engineer, Steam or Motor or Gas Turbine of Any Horsepower upon Oceans or higher.
- ii. Current and Valid Third Mate Steam or Motor Vessels of Any Gross Registered Tons upon Oceans or higher.
- iii. Appropriate rating and endorsement if position is not for a licensed marine officer.

3. Sailing Time

a. Restrictions

i. Only approved time on M.E.B.A. deep-sea contracted vessels, completed per the Union dispatch slip, shall qualify. Certificate of discharge or certificate of employment (for ROS and other) must be provided. Early termination of an assignment due to any of the following may disqualify such time for this Application:

1. Discharge/Firing
2. Termination under any probation clause
3. Quitting under mutual consent before completion of assignment



- ii. For ROS vessels, sailing time shall accrue at the rate of five (5) days for every seven (7) days aboard the vessel. Total ROS time may not exceed one hundred and twenty (120) days credit toward completion of this Application in Section 9.
- iii. A combined total of thirty (30) days sailing time may be used towards the sailing time requirements for successfully completed assignments under the Steamship Authority contracts or any other non-deep-sea unit that participates in the M.E.B.A. Pension Plan, as well as time with MSC, ACOE and NOAA if the request is accompanied by the proper documentation.
- iv. Vacation time will not count as sailing time.
- v. Submission to the Union, within twelve (12) months of the date of the Application, proof of successful completion of sixty (60) days of licensed sailing time on M.E.B.A. deep-sea contracted vessels subject to the same requirements and limitations above. Failure to complete this provision shall render this application null and void.
- vi. The Applicant must also submit within twelve (12) months of the date of Application, two (2) letters of recommendation from a Chief or 1<sup>st</sup> Assistant Engineers for engineering applicants or from a Master or Chief Mate for deck applicants with whom they have sailed for at least sixty (60) days as a licensed officer under an M.E.B.A. contract after the effective Date of Application. Failure to complete this provision shall render this application null and void.

b. Other Time

Except as provided in Section 3 (a) (iii) above, time in any other non-deep-sea bargaining units, port relief time, vacation time and port engineer time, time with non-excepted federal government fleets, state government fleets and local government fleets may not count.

4. Initiation Fee Agreement and Application Forms

You must sign an initiation fee agreement, complete the proper authorization and application for membership forms with all attached papers thereto. The application must be reviewed and witnessed by a Union representative of the District and filed with the District Headquarters for a District Investigating Committee (DIC) review.

5. Service Charges

You agree to pay the regular service charge quarterly and in advance during the period of your applicant status and thereafter if elected into membership. The current quarterly service charge is \$150 dollars per calendar quarter and is subject to change. The current initiation fee is \$4,000 and its payment, etc., is covered in the initiation fee agreement.

6. Initial Payment of Service Charge

At the time you apply for membership, you must submit payment of one-quarter's service charge. The District in its discretion may reject your application making it null and void and without recourse. Your application for membership will then be null and void and notification will be mailed to you at your address of record. Service charge payments are not refundable.

7. Initial Status of Applicant

Upon acceptance of your authorization and application for membership, you will be classified as an applicant for membership under the District's deep-sea applicant for membership program.

8. Application for Group Card

In accordance with DEC policies and the shipping rules, your initial group shipping status will be Group III. A group shipping card will be issued to you at the time your applicant book is issued. An application for your applicant book and group shipping card may be made at any M.E.B.A. Branch office.

The openings in Group II are filled by oldest date of application. To be admitted into Group II, when there are openings, you must have on file with M.E.B.A. Headquarters 150 days of sailing time (as defined in the shipping rules) from the date of this application. Group II to Group I is generally by total sailing time when there are openings as determined by the District and without regard to date of application.

Any changes (including Group III to Group II and Group II to Group I) are governed by the shipping rules, which may be amended from time to time. All renewals of or changes in group shipping status will be in accordance with the shipping rules and DEC policy in effect at the time of renewal or change.

Any application being denied and deemed null and void by the District shall also immediately result in the revocation of all group shipping privileges.

9. Consideration for Membership

You must complete 200 days of sailing time after the date of application, not including vacation time, Have your initiation fee paid and two letters of recommendation turned in to Headquarters. Only days completed per Section 3 shall qualify.

Initiation fees must be paid in full. Regular service charges to the District must be paid for a minimum of two (2) years (eight quarters). Any other requirements must be completed. You must verify this information and submit same to the DIC at M.E.B.A. Headquarters. The local branch can assist you.

This will act as your request for a review of your application for membership. The DIC meets from time to time and your application for membership will be reviewed in turn and in accordance with the requirements contained in this fact sheet and further subject to all the requirements of all deep-sea applications for membership, unless modified herein. Any negative letters, letters not to recommend or facts contained in the file will be investigated and may delay the membership process or may result in your application being denied and being declared null and void.

The DIC will then issue a report with its recommendations to the membership to vote on at the regular monthly membership meeting. If you are accepted by the membership as a member, you will then be advised of your acceptance and you may apply for your membership book.

10. Failure to Complete Application Requirements

The stated purpose of this program is to obtain new members for the deep-sea bargaining unit. The Union therefore expects the applicant will complete all the requirements set forth in this program within five (5) years from the date of application and any failure to complete all the requirements will forfeit and void the authorization and application which was made by you for membership.

11. Effective Date of Application

The Date of Application shall be the date upon which the completed application is submitted to a Union Official to be reviewed and witnessed and filed with the District Headquarters for a District Investigating Committee (DIC) review.

For those individuals who through an immediate need of the Union are unable to complete the application before joining the M.E.B.A. contracted vessel. They may with a copy of the dispatch for the vessel, receipt for payment of the service fee from that quarter, certificate of discharge for the vessel showing completion of assignment and a signature and seal of a Union Official who is familiar with the assignment, have their Date of Application backdated to reflect the date of dispatch.

Closing the Books

The Union at its sole discretion shall have the right to open or close the books to Applications when it so chooses by direction of the District Executive Committee.

I hereby certify that I have honestly and fully completed each and every part of my authorization and application for membership and I have read, understood, and agreed to all of the above provisions including the District's discretion to reject my application making it null and void and without recourse, as witnessed in my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

I, \_\_\_\_\_, a full-time Union Official or Representative of District No. 1-PCD, M.E.B.A., do hereby verify the above named Applicant in signing this deep-sea applicant information fact sheet; has read, understands and agrees to the terms and conditions provided by the information attached hereto as part of this application and all of its parts and do make my seal against the signature of the Applicant.

\_\_\_\_\_  
Union Official Signature

\_\_\_\_\_  
Title

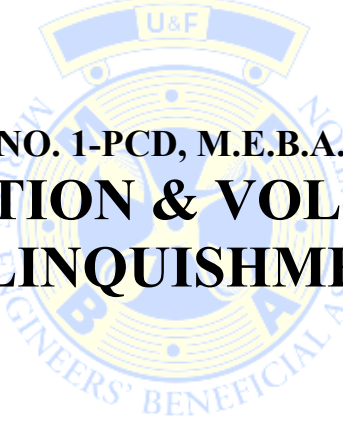
Date: \_\_\_\_\_

*(If not signed in front of a full-time Union Official or Representative of District No. 1 – PCD, M.E.B.A. then it must be notarized below and sealed upon the Applicants Signature)*

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Notary's Printed Name

Being a Notary for \_\_\_\_\_ whose term expires \_\_\_\_\_  
Municipality and/or State Date



**DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO)**  
**OBLIGATION & VOLUNTARY**  
**RELINQUISHMENT**

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 and understand I will have breached this contract between myself and the Union should I belong to or join another Licensed Marine Officers Union. This aforementioned breach will cause my application to be null and void and I may not be re-considered for re-application or membership. 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 Name)

---

(Witness Signature)

# Voluntary Applicant Self-Identification Form

*(Confidential - For Statistical Use Only)*

We would appreciate it if you would take the time to complete this form, as part of our compliance requirements. M.E.B.A. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state, or local law.

The information below will be used only in the compilation of data for affirmative action reporting. Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment. Identification can be declared at any time prior to, or, if applicable, after hire.

## Gender

- Male       Female

## Race/Ethnicity

- American Indian/Native American or Alaskan Native** A person having origins in the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian (not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, Japan, Korea, India, Malaysia, Pakistan, Nepal, the Philippine Islands, Thailand, and Vietnam.
- Black or African** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Multiracial** A person whose biological parents are of different races.

I understand that this form is for self-identification and will not be used for any other purpose than the filing of the required reports to the Equal Employment Opportunity Commission.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness name)

\_\_\_\_\_  
(Witness signature)

## 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.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **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 and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

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 10/31/2022

**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 document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>1. 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 color, and address</li> <li>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, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <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> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



# M.E.B.A. DEEP SEA FOLLOW-UP VERIFICATION FORM



**TO: District Investigating Committee (DIC)  
444 N. Capitol St, NW Suite 800,  
Washington, DC 20001**

\_\_\_\_\_  
(Today's date)

\_\_\_\_\_  
(Applicant's Name: Please Print)

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
*Last 4 Digits of SSN*

\_\_\_\_\_  
*M.E.B.A. Union Hall*

In accordance with provisions of the Deep-Sea Applicants Information Fact Sheet, attached hereto are proof of successful completion of sixty (60) days of licensed sailing time on M.E.B.A. deep-sea contracted vessels within twelve (12) months of the date of application and a list with verifications of required sailing time.

Also in accordance with the Deep-Sea Applicants Information Fact Sheet, attached hereto is two letters of recommendation or the indication that one or both letters of recommendation have been forwarded to Headquarters directly

List sailing time in chronological order starting with the most recent time first and attach copies of discharges or letters of employment and also union dispatch slips. Sailing time must be under a District No. 1-PCD, M.E.B.A. (AFL-CIO) deep-sea contracted vessel. ROS time will only count five (5) for seven (7) days. Sailing time on Washington State Ferries or other non-deep-sea unit that participates in the Pension Plan for completed assignments will count for up to thirty (30) days combined total. Time in other bargaining units, including federal, state and local government fleets, does not count. Vacation time, Port Relief or CMES time does not count.

NOTE: The sailing time and letter of recommendation requirements must be completed within one year from the date of application. If you are working as a licensed officer under a District No. 1-PCD, M.E.B.A. Deep-sea contract when the one-year expires, the time will automatically be extended to the completion of your assignment plus reasonable and necessary processing time.

*Continued next page*

VESSEL	DATES		TO	DAYS
FROM				

Total Days: \_\_\_\_\_

I hereby certify that the above time was after my date of application and was for completed assignments.

Attached find \_\_\_\_\_ letter(s) of recommendation. \_\_\_\_\_ Letter(s)  
 (0,1, or 2) (0, 1, or 2)  
 of recommendation have already been submitted to Headquarters. (**Letters from Engineering applicants must be from a Chief Engineer and/or 1st A/E. Letters from Deck applicants must come from a Master and/or Chief Mate.**)

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

***SPACE BELOW FOR UNION USE ONLY***

I hereby certify that I have verified the above submitted sailing time is for completed assignments. I have attached the two required letters of recommendation or if one or both letters are not attached, I have verified that the missing letter(s) have been received by Headquarters.

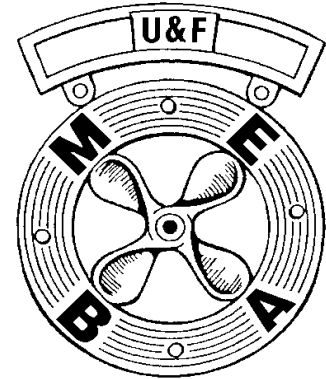
Port of: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_  
 (Signature of Union Official) (Title of Union Official)

NOTE: Although Dispatcher or other Office staff can assist with the verification process, the verification must be reviewed and signed by a full-time union official.

**District No.1-PCD, M.E.B.A.**  
(AFL-CIO)

**MEMORANDUM**



To: All M.E.B.A. Member Chief Engineers,  
Masters, 1st A/Es and Chief Mates

From: District Investigating Committee (DIC)

Date: June 2016

Subject: New Applicants

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New Applicants to the Union must submit within twelve (12) months of their date of Application, two (2) letters of recommendation from a Chief or 1<sup>st</sup> Assistant Engineers for engineering applicants or from a Master or Chief Mate for deck applicants with whom they have sailed for at least sixty (60) days as a licensed officer under a M.E.B.A. contract after their effective Date of Application. The M.E.B.A.'s goal is to seek evaluations of new applicants to determine if they have the potential to be good Union members and good licensed officers. If you feel the individual applicant has the potential to be a good Union member and a good licensed officer, please give them your recommendation.

The District Investigating Committee is very concerned and needs to know if this Applicant does not meet the criteria of having the potential to be a good Union member and also a good licensed officer. If this is the case, please complete a letter to not recommend the applicant for membership. During any time in the application process that is at least 25 months from the Date of Application, any negative letters, letters not to recommend or facts contained in the file of the Applicant will be investigated and may delay the membership process or may result in their application being denied and being declared null and void.

The letter can be on ship's letterhead or the Union's standard recommend/not recommend form and given to the individual or sent to Headquarters. The Headquarters address is:

D1 – PCD, M.E.B.A.  
Attention: DIC  
444 North Capitol St, NW  
Suite 800  
Washington, DC 20001

Thank you for your time and attention in participating in this important process. You are an important part of the M.E.B.A.'s process that determines if our applicants are suitable to gain the privilege of membership. We appreciate your help.

TO: **District Investigating Committee (DIC)**, District No. 1-PCD, M.E.B.A. (AFL-CIO)

FROM: \_\_\_\_\_  
(Print Name) (Title – C/E, Master, 1/E or C/M)

SUBJECT: Letter to **Recommend/ Not Recommend** Applicant for Membership  
(Circle One)

FOR: \_\_\_\_\_ SSN of Applicant: \_\_\_\_\_  
(Please Print Applicant's Name) (Last 4 Numbers)

I am the \_\_\_\_\_ of the \_\_\_\_\_ and a  
(Title – C/E, Master, 1/E or C/M) (Name of Ship)  
member of District No. 1-PCD, M.E.B.A. (AFL-CIO) (D1-M.E.B.A.) \_\_\_\_\_  
(Book Number)

The above named individual has sailed under the authority of their license as a  
\_\_\_\_\_ for approximately \_\_\_\_\_ days.  
(Title/Position) (60 days minimum required)

His/her assignment started on \_\_\_\_\_ and ended on \_\_\_\_\_.  
(Date) (Date)

When I left the \_\_\_\_\_ on \_\_\_\_\_ the individual  
(Name of Ship) (Date)

**completed the assignment/ did not complete the assignment/ was still onboard.**  
(Circle One)

I have observed this applicant's job performance and union attitudes and  
**recommend/ do not recommend** him/her for membership in our Union, D1-M.E.B.A.  
(Circle One)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use Separate Page or Back for Additional Comments and indicate below)

Fraternally Submitted,

\_\_\_\_\_  
(Date) (Signature of Member) (Title – C/E, Master, 1/E or C/M)

Additional Comments: **Enclosed/ Over/ None**  
(Circle One)

**NOTE:** This letter can be given to the engineer/mate to forward to Headquarters or it can be forwarded directly to Headquarters: **Attention: DIC, District No. 1-PCD, M.E.B.A. (AFL-CIO), Suite 800, 444 North Capitol St, NW, Washington, DC 20001**

TO: **District Investigating Committee (DIC)**, District No. 1-PCD, M.E.B.A. (AFL-CIO)

FROM: \_\_\_\_\_  
(Print Name) (Title – C/E, Master, I/E or C/M)

SUBJECT: Letter to **Recommend/ Not Recommend** Applicant for Membership  
(Circle One)

FOR: \_\_\_\_\_ SSN of Applicant: \_\_\_\_\_  
(Please Print Applicant's Name) (Last 4 Numbers)

I am the \_\_\_\_\_ of the \_\_\_\_\_ and a  
(Title – C/E, Master, I/E or C/M) (Name of Ship)  
member of District No. 1-PCD, M.E.B.A. (AFL-CIO) (D1-M.E.B.A.) \_\_\_\_\_  
(Book Number)

The above named individual has sailed under the authority of their license as a  
\_\_\_\_\_ for approximately \_\_\_\_\_ days.  
(Title/Position) (60 days minimum required)

His/her assignment started on \_\_\_\_\_ and ended on \_\_\_\_\_.  
(Date) (Date)

When I left the \_\_\_\_\_ on \_\_\_\_\_ the individual  
(Name of Ship) (Date)

**completed the assignment/ did not complete the assignment/ was still onboard.**  
(Circle One)

I have observed this applicant's job performance and union attitudes and  
**recommend/ do not recommend** him/her for membership in our Union, D1-M.E.B.A.  
(Circle One)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use Separate Page or Back for Additional Comments and indicate below)

Fraternally Submitted,

\_\_\_\_\_  
(Date) (Signature of Member) (Title – C/E, Master, I/E or C/M)

Additional Comments: **Enclosed/ Over/ None**  
(Circle One)

**NOTE:** This letter can be given to the engineer/mate to forward to Headquarters or it can be forwarded directly to Headquarters: **Attention: DIC, District No. 1-PCD, M.E.B.A. (AFL-CIO), Suite 800, 444 North Capitol St, NW, Washington, DC 20001**



**M.E.B.A. Political Action Fund  
Marine Engineers' Beneficial Association  
444 North Capitol Street, N.W.  
Suite 800  
Washington D.C. 20001**

*M.E.B.A.'s voluntary Political Action Fund (PAF) is a key tool that enables our Union to solidify the Union's political relationships in Congress. This is crucial for the continued viability of the U.S. Merchant Marine. We all benefit from a strong political advocacy program.*

**Yes, I want to support the Political Action Fund (PAF) to promote the concerns of members through M.E.B.A.'s legislative and political activities. I hereby authorize and direct the M.E.B.A. Vacation Plan to deduct from my gross vacation earnings and remit to the M.E.B.A. PAF my voluntary contribution per month of:**

\$10     \$25     \$50     \$100     \_\_\_%     \_\_\_Other

Instead, enclosed please find my check made payable to the M.E.B.A. PAF for \$\_\_\_\_\_.

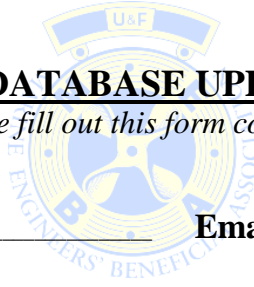
Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date: \_\_\_\_\_ Social Security # (last 4 digits) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell # \_\_\_\_\_

You are free to contribute more or less than the suggested amounts above. PAF contributions are voluntary and not a condition of membership in or employment through the M.E.B.A. You may refuse to contribute without reprisal. The M.E.B.A.'s PAF will use voluntary contributions for purposes including, but not limited to, making contributions to and expenditures for candidates for federal, state, and local offices. Contributions to the PAF are not deductible as charitable contributions for federal tax purposes. Federal law requires political committees to report to the Federal Election Commission each individual whose contributions aggregate in excess of \$200 in a calendar year. This authorization shall remain in full force and effect until revoked in writing by me to the Administrator of the M.E.B.A. Vacation Plan.



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

(Please fill out this form completely)

**Date Completed:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

(Last)

(First)

(M.I.)

(SSN – Last 4 Digits)

(Home Phone Number)

(Cell Phone Number)

(Mailing Address)

(City, State)

(Zip)

### ***Highest Current Unlimited License***

Steam	Motor	Gas Turbine	Deck	<b>MMC Expiration Date:</b>	_____
Chief	Chief	Chief	Master	<b>STCW Endorsement Expiration Date</b>	_____
1 AE	1 AE	1 AE	C/M	<b>Mariner Reference Number:</b>	_____
2 AE	2 AE	2 AE	2 M		
3 AE	3 AE	3 AE	3 M		

**If highest License is Limited, specify here:** \_\_\_\_\_

Mark all certifications earned and date on certificate

<i>Engine/Deck</i>	<b>ATO/SST - (3 year expiration)</b>	_____
<i>Deck</i>	<b>Basic MSC Refresher - (5 years)</b>	_____
<i>Deck</i>	<b>CBRD Officer – (5 years)</b>	_____
<i>Engine</i>	<b>CMEO - (Once)</b>	_____
<i>Deck</i>	<b>Crowd Control &amp; Crisis Management – (Once)</b>	_____
<i>Engine</i>	<b>Damage Control/CBRD - (5 years)</b>	_____
<i>Deck</i>	<b>Drug Testing/Collection - (5 years)</b>	_____
<i>Deck</i>	<b>ECDIS - (Once)</b>	_____
<i>Deck</i>	<b>EKMS - (5 years)</b>	_____
<i>Engine</i>	<b>Engineer Resource Management - (Once)</b>	_____
<i>Engine/Deck</i>	<b>Helo Firefighting - (5 years)</b>	_____
<i>Deck</i>	<b>LAN Manager - (Once)</b>	_____
<i>Engine/Deck</i>	<b>Leadership &amp; Management - (Once)</b>	_____
<i>Engine/Deck</i>	<b>Leadership &amp; Teamwork - (Once)</b>	_____
<i>Deck</i>	<b>Marine Environmental Officer - (5 years)</b>	_____
<i>Engine</i>	<b>MEECE - (Once)</b>	_____
<i>Engine</i>	<b>Small Arms - (1 year)</b>	_____
<i>Deck</i>	<b>SST - (Once)</b>	_____
<i>Engine/Deck</i>	<b>STCW Basic Training – (5 years)</b>	_____
<i>Engine/Deck</i>	<b>STCW Tanker Familiarization - (5 years)</b>	_____
<i>Engine/Deck</i>	<b>Tankship DL - (5 years)</b>	_____
<i>Engine/Deck</i>	<b>Vessel Security Officer - (Once)</b>	_____

LNG Vessel Experience? Yes No

Secret Security Clearance? Yes No



## **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](http://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 only 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 must 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.

**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 Name	Initial
Social Security Number			
Date of Birth (mm/dd/yyyy)		Sex (Select one)	<input type="radio"/> Male <input type="radio"/> Female
Home Telephone Number	(Area Code: )		
Cellular Phone Number	(Area Code: )		
E-mail address (If applicable)	@		
Affiliation (Check One)	<input type="radio"/> District No. 1-PCD, MEBA <input type="radio"/> Plan Employee <input type="radio"/> Union Employee <input type="radio"/> Other:		
Active/Pensioner (Check One)	<input type="radio"/> Active <input type="radio"/> Pensioner	If Actively Employed, Name of Present Employer:	
Marital Status (Check One)	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Legally Separated		
Date Married, Widowed, Divorced or Legally Separated (mm/dd/yyyy)		<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Legally Separated	
Permanent Address (Home of Record):	Number & Street		
	City, State, Zip		
Mailing Address (if different than Permanent Address above):	Number & Street		
	City, State, Zip		

**DEPENDANTS TO BE ADDED TO YOUR MEDICAL COVERAGE  
(LIST FULL NAMES)**

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
					<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
<b>If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No</b>						
<b>If eligible for Employment Based Coverage, complete the following sections</b>						
Child's Employer Name		Child's Employer Address		Child's Employer Phone		
Child's Spouse's Employer Name		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
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
<b>If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No</b> <b>If eligible for Employment Based Coverage, complete the following sections</b>						
Child's Employer Name			Child's Employer Address		Child's Employer Phone	
Child's Spouse's Employer Name			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
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
<b>If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No</b> <b>If eligible for Employment Based Coverage, complete the following sections</b>						
Child's Employer Name			Child's Employer Address		Child's Employer Phone	
Child's Spouse's Employer Name			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
					<input type="radio"/> Child <input type="radio"/> Adopted Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild	<input type="radio"/> Yes <input type="radio"/> No
<b>If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) <input type="radio"/> Yes <input type="radio"/> No</b> <b>If eligible for Employment Based Coverage, complete the following sections</b>						
Child's Employer Name			Child's Employer Address		Child's Employer Phone	
Child's Spouse's Employer Name			Child's Spouse's Employer Address		Child's Spouse's Employer Phone	

(Attach a separate sheet to your Permanent Data Form if you have more than four Dependants)

<b>Signature of Employee</b>		<b>Date</b>	
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**FORM IS NOT VALID IF NOT SIGNED AND DATED BY PARTICIPANT  
FORM WILL BE RETURNED IF NOT SIGNED AND DATED.**

## Instructions for Completing Beneficiary Designation Form

**You must complete a Beneficiary Designation Form if you are a new Participant in the Plan or if you are changing your beneficiary for life insurance.**

### **Changing Your Beneficiary for Life Insurance**

- A new Beneficiary Designation Form must be completed in its entirety.
- The Beneficiary Designation Form **must be signed** for the change of beneficiary to become effective.

**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**

## BENEFICIARY DESIGNATION 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 Name	Initial
Social Security Number			
Date of Birth (mm/dd/yyyy)		Sex (Select one)	<input type="radio"/> Male <input type="radio"/> Female
Home Telephone Number	(Area Code:                    )		
Cellular Phone Number	(Area Code:                    )		
E-mail address (If applicable)	@		
Affiliation (Check One)	<input type="radio"/> District No. 1-PCD, MEBA <input type="radio"/> Plan Employee <input type="radio"/> Union Employee <input type="radio"/> Other:		
Active/Pensioner (Check One)	<input type="radio"/> Active <input type="radio"/> Pensioner	If Actively Employed, Name of Present Employer:	
Marital Status (Check One)	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Legally Separated		

## BENEFICIARY DESIGNATION FORM

I designate the following person(s) as my beneficiary (ies) to receive benefits which may be payable from the MEBA Medical and Benefits Plan upon my death. I revoke all previous beneficiary designations and make the designation of beneficiary(ies) shown below with respect to benefits provided now or at any time in the future under the above Plan, still reserving to myself the privilege of making other and future changes subject to the Plan provisions. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive me, unless otherwise provided herein (total must equal 100%). If no beneficiary survives me, settlement will be made in accordance with the provisions of the Plan. **NOTE: Co-beneficiaries receive proceeds in equal shares, unless otherwise indicated. Contingent Beneficiary is the person who will receive the proceeds if the primary beneficiary should predecease the person whose life is insured.**

Name: <b>Check One:</b>				
<input type="checkbox"/> Beneficiary <b><u>or</u></b>				
<input type="checkbox"/> Co-Beneficiary	Last Name	First Name	Initial	Relationship
Address of Beneficiary				
	Number & Street	City	State	Zip
Beneficiary's Social Security Number			Percent (%) of Benefit:	_____ %
Date of Birth (mm/dd/yyyy)		Sex (Check One)	<input type="radio"/> Male <input type="radio"/> Female	

**CO-BENEFICIARY (IES) OR CONTINGENT BENEFICIARY (IES)**

Name: <b>Check One:</b> <input type="checkbox"/> Beneficiary <b><i>or</i></b> <input type="checkbox"/> Co-Beneficiary				
	Last Name	First Name	Initial	Relationship
Address of Beneficiary				
	Number & Street	City	State	Zip
Beneficiary's Social Security Number			Percent (%) of Benefit:	_____ %
Date of Birth (mm/dd/yyyy)			Sex (Check One)	<input type="radio"/> Male <input type="radio"/> Female
Name: <b>Check One:</b> <input type="checkbox"/> Co-Beneficiary <b><i>or</i></b> <input type="checkbox"/> Contingent Beneficiary				
	Last Name	First Name	Initial	Relationship
Address of Beneficiary				
	Number & Street	City	State	Zip
Beneficiary's Social Security Number			Percent (%) of Benefit:	_____ %
Date of Birth (mm/dd/yyyy)			Sex (Check One)	<input type="radio"/> Male <input type="radio"/> Female

Name: <b>Check One:</b> <input type="checkbox"/> Co-Beneficiary <b><i>or</i></b> <input type="checkbox"/> Contingent Beneficiary				
	Last Name	First Name	Initial	Relationship
Address of Beneficiary				
	Number & Street	City	State	Zip
Beneficiary's Social Security Number			Percent (%) of Benefit:	_____ %
Date of Birth (mm/dd/yyyy)			Sex (Check One)	<input type="radio"/> Male <input type="radio"/> Female

(Attach a separate sheet to your Permanent Data Form if you have more than two Co-Beneficiaries)

Signature of Employee		Date	
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**FORM IS NOT VALID IF NOT SIGNED AND DATED BY PARTICIPANT  
FORM WILL BE RETURNED IF NOT SIGNED AND DATED.**