Membership Affiliation: WASHINGTON STATE FERRY

VOLUNTARY APPLICATION FOR UNION 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 District No. 1-PCD, M.E.B.A. (AFL-CIO), in order that I become entitled to participate fully in the activities of the Union. These include attending membership meetings and parties, participating in the development of contract proposals, running for Union office or to serve on my workplace's negotiating committee, voting to ratify or reject proposed contracts, attending M.E.B.A.'s Easton, Maryland Calhoon Engineering School and utilizing the Union's non-exclusive WSF Hiring Hall and exclusive private sector Hiring Hall. I understand that only as a Union member will I be able to determine the course the Union takes to represent me and my coworkers in negotiations to improve my wages, fringe benefits and working conditions.

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, on 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, and subject to the below, 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.

I understand that under current law I can choose not to become a member of the Union and that this choice will not affect my employment status at the Ferries. If I choose not to become a Union member, I have several options with respect to the payment of dues and the Union initiation fee. Option 1, I can pay an amount equal to full dues and initiation fee, called a "financial core" agency fee. Option 2, if I have a bona fide religious objection to labor unions, I can pay full dues and fees to a charity, to be selected via negotiation with the Union. Alternatively, I can exercise Option 4, below. Option 3, if I have a first-amendment-based objection to the Union's political or ideological positions or activities but not to its bargaining and contract enforcement efforts on behalf of employees at the Washington State Ferries, I can pay dues reduced by a percentage attributable to expenses related to the Union's political or ideological activities, for example, lobbying. I can request information concerning the Union's most recent allocation of expenditures devoted to activities germane to collective bargaining, contract administration, and grievance processing versus those devoted to political or ideological activities, such as lobbying, in order to determine whether or not I wish to become an objector. I have the right to contest that allocation.

I understand more information about Option 4 is available at <u>www.mebaunion.org/</u> <u>assets/1/6/Beck_Rights_(.pdf).pdf</u> if I have a first-amendment-based objection to the positions taken by the Union in collective bargaining with the Washington State Ferries or in other dealings with Washington State or to the wages, benefits, and/or working conditions achieved in the Union's contract with the Ferries, I can choose not to pay dues entirely.

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)

(Date)

(Signature of Applicant)

	ender (M/F)•		
(First) (M.I)	ender (IVI/F).		
(Home Phone Number)	(Ce	ll Phone Number)	
(City, Sta	ate)	(Zip)	
dress of Record put "same")			
(City, State)	(Zip)	
(E-mail Address)			
(Birthplace: City/State/Country)	(Date Na	aturalized, City)	
(Current MMC Endorsements)			
(Reference Number)	(MMC	Expiration)	
	(TWIC Expiration)		
	(Passpor	rt Expiration)	
	(Relationshi	p)	
	(Phone	Number)	
(Name of Spouse)	(Numbe	er of Dependents)	
(Weight)	(Eye Color)	(Hair Color)	
	(First) (M.I) (Home Phone Number) (City, State (City, State (City, State (E-mail Address) (Birthplace: City/State/Country) (Current MMC Endorsements) (Reference Number) (Reference Number) (Name of Spouse)	(Home Phone Number) (Ce (City, State) (City, State) dress of Record put "same") (City, State) (E-mail Address) (Date National Address) (Birthplace: City/State/Country) (Date National Address) (Current MMC Endorsements) (Date National Address) (Reference Number) (MMC (Reference Number) (MMC (Passpo (Passpo (Relationshi (Phone (Name of Spouse) (Numbrick)	

I. PRIOR MEMB	isly made appli				
If Yes , Where:	(Branch)	W	hen:(Date of Application	ı)
Prior Membership	Rejected	Dropped	Withdraw	n	
Have you ever been for in this Union?					
II. PRESENT/PR Have you ever been working under a contr	employed as a	a licensed mar	IEBA?		vessels not
If Yes , supply informa	tion covering A	ALL such empl		'es or No) separate sheet if r	necessary):
COMPANY/UNION	SH	IP	RATING	FROM	ТО
List all Employment in	n the last three	(3) years not lis	sted above (u	ise separate sheet	if necessary)
COMPANY	CITY/STA	ATE PC	SITION	FROM	ТО
III. EDUCATION	I				
Are you a Maritime A	cademy gradua	te?	(Acade	my) (Gradu	ution Date)
(If no, then what is the diploma?)	e Highest Level	of Education f	for which you	u have receive	d a
	(Name of Schoo	ol; City, State and Yo	ear Graduated)		
IV. UNION AFFI	LIATIONS	(Check here if	none)		
Present Union Affiliat	ions (Refer to Ob	ligation for other	licensed marin	e officers' organi	zations):
Name(Present Union and I	Local)	Stat	(Member, Ap	plicant, Journeyma	n, Apprentice)
Former Union Affiliat	ions Other Tha	n District No. 1	I – PCD, ME	EBA:	
Name (Former Union and		Statu	IS		<u> </u>
(Eams an Hadan and					



WASHINGTON STATE FERRY INFORMATION SHEET

ATTACHMENT TO THE APPLICATION FOR MEMBERSHIP FOR THOSE APPLICANTS APPLYING FOR MEMBERSHIP UNDER THE PROVISIONS OF THE RULES AND REGULATIONS APPLICABLE TO WASHINGTON STATE FERRY EMPLOYEES OF DISTRICT NO. 1– M.E.B.A. (AFL-CIO).

<u>CONGRATULATIONS AND WELCOME!</u> <u>YOU ARE ON YOUR WAY TO BECOMING A MEMBER OF</u> <u>ONE OF THE MOST POWERFUL LABOR UNIONS IN THE WORLD.</u>

Thank you for applying to become one of us. After processing as explained below, your application will be voted upon by all of your future brothers and sisters in the Union at meetings from Boston to Los Angeles, Seattle to Tampa. In order for your Application to be processed:

1. Make arrangements to pay your \$4,000 Initiation Fee and make regular payments toward it. (It lasts a lifetime and it's well worth it. Ask your Union Brothers & Sisters.

- 2. Remain employed as an employee of the Washington State Ferry system.
- 3. Complete the proper Application for Membership. Your signature on the Application should be witnessed by a Representative of the Union, who will then file it with the Union's Headquarters in Washington D.C.
- 4. Pay in advance the regular quarterly "service charge" (which is the equivalent of \$50 monthly dues) during the period of your applicant status. The current quarterly service charge is \$150.

A small committee of Union Members, called the District Investigating Committee, will review your Application for Membership. If the DIC, at its discretion, rejects your application for any reason, you will be so notified and your service charge payment will be refunded. Otherwise, you will be classified as an Applicant for Membership under the District's Washington State Ferry program and you will automatically be granted a Group III Shipping Card. This will give you the ability to use the MEBA Hiring Hall for openings anywhere within its global jurisdiction. All renewals of Group Shipping Cards or changes in Group status will be in accordance with the Shipping Rules and DEC policies in effect at the time of renewal or change.

After full payment of the initiation fee (\$4,000) and upon completion of your three-year service working under the authority of your mariner's document as an employee of the Washington State Ferry system with all service charge payments up-to-date, you may apply for a review of your application for membership by the District Investigating Committee.

The DIC will then issue a report with its recommendations to the members to vote on at their regular monthly membership meetings.

If you are advised of your acceptance as a member of District No. 1 – M.E.B.A. (AFL-CIO), you may then apply for your Membership Book. This and any application for a renewal or a change in Group Shipping Card may also be made at any District No. 1 M.E.B.A. Branch Office.

Note: Membership and Group Shipping status are not the same.

If you elect to quit the Washington State Ferry system, or your employment is terminated for any reason not related to union activity prior to completing the three years of service with the Washington State Ferry system, and thereafter, obtain employment aboard vessels covered by the District's agreements, you will then be required to start over and file a new Application with the District (along with initiation fee) under existing requirements for application for membership, and at such time as applicants are being accepted for membership.

Unless otherwise specifically modified by this attachment to the Application for Membership, your application 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 - M.E.B.A., the By-Laws of District No. 1 - M.E.B.A., the Shipping Rules, and the Rules and Regulations promulgated by the National Executive Committee, the District No. 1 - M.E.B.A. Executive Committee and the membership. The Applicant's attention is directed to Rules and Regulations No. 1 and No. 3 regarding applications for membership in the National M.E.B.A. and a duly affiliated District thereof.

I have read, understood, and agree to the above provisions as witness my hand and seal this______day of _____, 20____

Witness

Signature of Witness

(Seal)

(Seal)

Print Name

Signature of Applicant



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

BENEF

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)

DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO) ACKNOWLEDGEMENT OF DUTIES

1. Whereas the undersigned has made application for membership in District No. 1 - M.E.B.A. 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, M.E.B.A. 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)

(Relationship)

(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 the Legal Guardian.)

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	
O Male	O Female
Race/Ethnicity	

O 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.

O 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.

O Black or African A person having origins in any of the black racial groups of Africa.

O Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

O Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) A person having origins in any of the peoples or Hawaii, Guam, Samoa, or other Pacific Islands.

O White (not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

O 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)

(Witness name)

(Witness signature)

(Date)

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.



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.

WITNESS:

Signature of Applicant

Date



WASHINGTON STATE FERRIES VOLUNTARY AUTHORIZATION FOR DEDUCTION OF DUES



I hereby voluntarily assign to District No. 1-PCD, Marine Engineers' Beneficial Association (AFL-CIO) 444 North Capitol Street, N.W., Suite 800, Washington D.C., 20001 to deduct from gross wages earned or to be earned by me as your employee, such sums as membership dues including initiation fees or their equivalent in service fees as provided for in the Union's Constitution and By-Laws. I authorize and direct the State of Washington to deduct such amounts from my pay each pay period and to remit the same to the Union.

This Authorization is voluntary and is not conditioned on my present or future membership in the Union. Not signing it will have no impact on my employment status. Similarly, this Authorization continues in effect as long as I am employed under an M.E.B.A. collective bargaining agreement, even if I never become a member of the Union or resign my membership in the Union.

I have carefully read the Union's "Voluntary Application for Union Membership," even if I elected not to sign it, and understand the options explained there with respect to the payment or nonpayment of dues.

The assignment, authorization and direction shall be irrevocable for the period of one (1) year, or until the termination of said new Collective Bargaining Agreement between the State and the Union, whichever occurs sooner; and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year each or for a period of each succeeding applicable Collective Bargaining Agreement between the State and the Union, whichever shall be shorter, unless written notice is given by me to the State of Washington, Washington State Ferries and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable Collective Bargaining Agreement between the State and the Union, whichever shall be union, whichever occurs sooner.

This authorization is made pursuant to the provisions of Section 302 of the Labor Management Relations Act of 1947 and otherwise.

Completed forms need to be emailed to <u>wsdothqpayroll@wsdot.wa.gov</u>; <u>seattle@mebaunion.org</u>; and <u>kbatiste@mebaunion.org</u>.

Please initial the Dues AND choose an Initiation option.

____ Dues -- \$50.00 deducted on the 25th of each month.

_____ Initiation -- \$160.00 deducted on the 10th of each month

or

Initiation -- \$80.00 deducted on the 10th and 25th of each month.

Start Date for deduction: _____ Last 4 of Social Security #: _____

Employee Name (print): ______

Employee Signature:

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 (Family Name) First Name			ne <i>(Giv</i>	en Name))	Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Ni	Apt. Number City or Town				State	ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Secu	urity Num	ber	Employe	ee's E-mail Addr	ess	E	mployee's 1	Felephone 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):

1. A citizen of the United States					
2. A noncitizen national of the United States (See instructions)					
3. A lawful permanent resident (Alien Registration Number/USCIS	S Numbe	er):			
4. An alien authorized to work until (expiration date, if applicable,	mm/dd/y	уууу):			
Some aliens may write "N/A" in the expiration date field. (See ins	tructions	s)			
Aliens authorized to work must provide only one of the following docun An Alien Registration Number/USCIS Number OR Form I-94 Admissio				:	QR Code - Section 1 Do Not Write In This Space
1. 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 Date (mr	n/dd/yyyy)	
Preparer and/or Translator Certification (check or	ne):				
I did not use a preparer or translator. A preparer(s) and/or tra	-	s) assisted the	e employee in comp	leting Sectio	n 1.
(Fields below must be completed and signed when preparers ar	nd/or tra	nslators ass	sist an employee	in completi	ing Section 1.)
I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	comple	tion of Sec	tion 1 of this fo	rm and tha	t to the best of my
Signature of Preparer or Translator			Toda	y's Date <i>(mr</i>	n/dd/yyyy)
Last Name (Family Name)		First Name (0	Given Name)		
Address (Street Number and Name)	Town		State	ZIP Code	

STOP

[STOP]



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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.")

Employee Info from Section 1	e (Family Name)	First Name (Given Name)	M.I.	M.I. Citizenship/Immigration Status		
List A Identity and Employment Authorization	OR List Iden			List C Employment Authorization		
Document Title	Document Title	D	ocument Title	e		
Issuing Authority	Issuing Authority	Is	suing Author	rity		
Document Number	Document Number	D	ocument Nu	mber		
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(i	mm/dd/yyyy) E	xpiration Dat	tion Date (if any)(mm/dd/yyyy)		
Document Title						
Issuing Authority	Additional Informatio	n		QR Code - Sections 2 & 3 Do Not Write In This Space		
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 Er			Employer or Authorized Representative			ative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and			nd Name)	City o	Town		•	State	ZIP Code
Section 3. Reverification and Re	hires	(To be com	pleted an	d signe	d by emplo	yer or	authorize	d represei	ntative.)
A. New Name (if applicable)						E	B. Date of F	Rehire <i>(if ap</i>	oplicable)
Last Name (Family Name)	First Na	First Name (Given Name) Middle Init			Middle Initi	al I	Date (<i>mm/dd/yyyy</i>)		
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.									
			Date (mm				f 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.

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	ND	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 temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		 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 ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or 	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 INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4.	Employment Authorization Document that contains a photograph (Form I-766)	-	information such as name, date of birth, gender, height, eye color, and address	2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	ŀ	 School ID card with a photograph Voter's registration card 	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)
	 a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; 		 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 	4.	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	-	 Native American tribal document Driver's license issued by a Canadian 		Native American tribal document
	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.	-	For persons under age 18 who are unable to present a document listed above:	7.	U.S. Citizen ID Card (Form I-197) 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		 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	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.



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 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 am sending a one-time donation via check or money order in the amount of

 $\Box \$10 \quad \Box \$25 \quad \Box \$50 \quad \Box \$100 \quad \Box$

The best way to make a secure P.A.F., Good & Welfare or Dues/Service Charge electronic payment is through the M.E.B.A. website located at <u>www.mebaunion.org</u> Please register and use your M.E.B.A. Control Number (first three letters of your last name + first initial of your first name + last four digits of your Social Security Number – example Marina Dylan SSN #1234 would be DYLM1234).

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.

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.

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 (<u>www.mebaplans.org</u>).
- 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 INDICATE	D, 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)	MaleFemale			
Home Telephone Number	(Area Code:)					
Cellular Phone Number	(Area Code:)					
E-mail address (If applicable)	@							
Affiliation (Check One)	○ District No. 1-PCD, MEBA ○ Plan Employee ○ Union Employee ○ Other:							
Active/Pensioner (Check One)	\circ Active \circ Pensione	If Actively Employed, Name of Present Employer:						
Marital Status (Check One)	○ Single ○ Marr	ried	○ Wid	owed O Divord	ced O Legally Separated			
Date Married, Widowed, Divorced or Legally Separated (mm/dd/yyyy)		01	Married	○ Widowed ⊂	Divorced O Legally Separated			
Permanent Address	Number & Street							
(Home of Record):	City, State, Zip							
Mailing Address	Number & Street							
(if different than Permanent Address above):	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		ELATIONSHIP FO MEMBER Check one	STEP/GRAND CHILD CHECK IF FT STUDENT				
			SpouseChild	• Adopted Child	○ Yes○ No				
				\circ Grandchild					
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) • Yes • No If eligible for Employment Based Coverage, complete the following sections									
Child's Employer Name	Child's Employe		Child's Emp	loyer Phone					
Child's Spouse's Employer Name	Child's Spouse's	Employer Address	Child's Spou	ise's Employer Phone					

Г

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN		ELATIONSHIP TO MEMBER Check one	STEP/GRAND CHILD CHECK IF FT STUDENT		
					 Child Stepchi	 Adopted Child Grandchild	○ Yes○ No		
-	If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) • Yes • No If eligible for Employment Based Coverage, complete the following sections								
Child's Employer I	Name		Child's Employe	r Address	Child's Emp	ployer Phone			
Child's Spouse's E	mployer Name		Child's Spouse's	Employer Address	Child's Spo	use's Employer Phone			

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN		ELATIONSHIP TO MEMBER Check one	STEP/GRAND CHILD CHECK IF FT STUDENT	
					• Child	 Adopted Child 	• Yes	
					• Stepchil	ld • Grandchild	○ No	
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) \circ Yes \circ No								
If eligible for Employment Based Coverage, complete the following sections								
Child's Employe	er Name		Child's Employe	r Address	Child's Emp	oloyer Phone		
Child's Spouse's	s Employer Name		Child's Spouse's	Employer Address	Child's Spor	use's Employer Phone		

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN		ELATIONSHIP TO MEMBER Check one	STEP/GRAND CHILD CHECK IF FT STUDENT	
					• Child	• Adopted Child	• Yes	
					• Stepchi	ld • Grandchild	○ No	
If dependant is an adult child/adopted child, is he or she eligible for Employment Based Coverage? (check one) \circ Yes \circ No								
If eligible for	Employment Ba	sed Covera	age, complete th	e following sections				
Child's Employe	er Name		Child's Employe	r Address	Child's Emp	oloyer Phone		
Child's Spouse's	s Employer Name		Child's Spouse's	Employer Address	Child's Spo	use's Employer Phone		

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

Signature of	Data	
Employee	Date	

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

		(Please fill	out this forn	i completely)	
Date Comp Jame:		EXCIT	RS" BENEFIC	mail Address: _	
((Last)		(First)		(M.I.)
(SSN –	Last 4 D	igits) (Hon	ne Phone N	lumber) (Ce	ll Phone Number)
Highest		g Address) t <u>Unlimited</u> Lic	ense	(City, State)	(Zip)
eam M Chief	Motor Chief	Gas Turbine Chief	Deck Master	MMC Expiration	Date:
		1 AE	C/M	STCW Endorsem	ent Expiration Date_
	2 AE 3 AE	2 AE 3 AE	2 M 3 M	Mariner Referenc	e Number:

Mark all certifications earned and date on certificate

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

LNG Vessel Experience? Yes No

Secret Security Clearance? Yes No

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.

ERS'