





#### AUTHORIZATION AND APPLICATION FOR MEMBERSHIP

## 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).

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 available upon request.

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

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

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

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

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

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 If Yes, Where: \_\_\_\_\_ When:\_\_\_\_ (Date of Application) \_\_Dropped \_\_ Withdrawn Prior Membership \_\_ Rejected Have you ever been found guilty of charges or suspended from the shipping or night list in this Union?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



# DISTRICT NO. 1-PCD, 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 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. as a licensed officer, I will pay the sum of \$160.00 per month, each month, until the total sum of \$4,000 is paid. As an unlicensed applicant I will pay \$100 per month each month until the total sum of \$2,500 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. (a) I understand that payments toward my Initiation Fee that become due and owing will be paid at the rate of \$160 a month for 25 months for a total of \$4,000 for licensed officers and \$100 a month for 25 months for a total of \$2,500 for unlicensed applicants.
  - (b) Authorization for these deductions has been given by me on appropriate forms that were provided with my Application for Membership.
- 4. 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



#### **BOSTON MARINE TRANSPORT, INC. INFORMATION FACT SHEET**

ATTACHMENT TO THE APPLICATION FOR MEMBERSHIP FOR THOSE APPLICANTS APPLYING FOR MEMBERSHIP UNDER THE PROVISIONS OF THE RULES AND REGULATIONS OF BOSTON MARINE TRANSPORT, INC. OF DISTRICT NO.1–M.E.B.A. (AFL-CIO).

Your application for membership in District No. 1- M.E.B.A. (AFL-CIO) will be accepted under the provisions of the District's Organizing Program, established for <u>Boston Marine Transport. Inc.</u>, under the following conditions:

- 1. You are employed as a Licensed Marine Officer or in an unlicensed capacity on vessels under contract to <u>Boston Marine Transport</u>, <u>Inc.</u>
- 2. You must complete the proper Authorization and Application for Membership. Said Application should be reviewed and witnessed by an Official of the District and filed with District Headquarters.
- 3. You agree to pay the regular service charge quarterly in advance during the period of your applicant status. The current quarterly service charge is \$150.00 per quarter. You agree to pay the regular initiation fee of \$4,000.00 for licensed officers and \$2,500.00 for unlicensed payable over a twenty-five month period.
- 4. The District Investigating Committee will review your Applications for Membership. At the time you apply for membership, you must submit payment of one quarter's service charge. If the District Investigating Committee, at its discretion, rejects your application, you will be so notified and your service charge payment will be refunded.
- 5. Upon acceptance of your Authorization and Application for Membership, you will be classified as an Applicant for Membership under the District's Program for <u>Boston Marine Transport. Inc.</u>, and you will automatically be granted a Group III Shipping Card. A Group III Shipping Card will be issued at the time your Applicant Book is issued. Proper application for your Applicant Book may be made at any District No. 1 M.E.B.A. (AFL-CIO) Branch Office.
- 6. When you have completed two years of service working under <u>Boston Marine Transport</u>, <u>Inc.</u> contract either in a licensed of in an unlicensed capacity, paid the initiation fee in full as specified in this agreement, and complete two years (Eight quarters) service charge payments, you may apply for a Group II shipping status subject to availability of openings in Group II. At the same time, you should verify your employment aboard the vessels under contract to <u>Boston Marine Transport</u>, <u>Inc</u>. and submit same to the District Investigating Committee (DIC). This also may be done at any District Branch Office.

The DIC meets from time to time and your application 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 members unless modified herein. The DIC will then issue a report with its recommendations to the members to vote on at their regular monthly membership meetings.

7. 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 cards are not the same.

- 8. If you elect to quit <u>Boston Marine Transport</u>, <u>Inc.</u> or your employment is terminated for any reason not related to union activity prior to completing the two years of service with Boston Marine Transport Inc., and thereafter, obtain employment aboard vessels covered by the District's agreements, you will then be required to file a new Authorization and Application with the District under the then existing requirements for application for membership and at such times as applicants are being accepted for membership. The Union therefore, expects that the applicant will complete the requirements set forth herein; any failure to complete the requirements will forfeit and void this Authorization and Application for Membership.
- 9. Unless otherwise specifically modified by this attachment to the 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 M.E.B.A., By-Laws No. the of District 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 3 regarding applications for membership in the and No. M.E.B.A. and a duly affiliated District thereof.

#### 1

Closing the Books		
e Union at its sole discretion shale Applications when it so chooses by hereby certify that I have honestly authorization and application for me to all of the above provisions including making it null and void and withoutday of,	direction of the I and fully completembership and I han ng the District's dis t recourse, as witn	District Executive Committe ted each and every part of ve read, understood, and agrection to reject my applicat
		(SEAL)
Print Name of Applicant	Signature	of Applicant
Transport, Inc. information fact sheet conditions provided by the information parts and do make my seal against the	attached hereto as pa	art of this application and all of
Union Official Signature	Title	Date
(If not signed in front of a full-time Unimust be notarized below and sealed up		
Notary's Signature	Nota	ary's Printed Name
Being a Notary for	whose t	erm expires
Municipality and	or State	Date



1.

2.

3.4.

5.

6.

7.

8.

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

	my employer, tribution of:				to withhold my
□ \$25.00	□ \$50.00	<b>\$100.00</b>			Other \$
Fund ("PAF"	'), 444 North Cap	itol Street, N.W.,	Suite 800	), Washin	M.E.B.A. Political Action gton, D.C. 20001.  order in the amount of
This Authori	zation is voluntar	ily made based or	n my spec	ific unde	rstanding that:
conditions of The figures a guidelines; I may refuse The M.E.B contributions Contributions Contribution federal incon Federal law in name, mailing contributions Washington in resident's ear to the Public written perm	to contribute with A. PAF, which is it receives for and expenditus of gifts to the Mone tax purposes; requires political and address, occups aggregate in exceptions in order to	or of employment aggestions, and I amout reprisal; is connected we political purposures for candidates I.E.B.A. PAF are committees to reposition and the nation and the nation and the nation and the nation of make contribution mission or to andividual; and	ith the I ses, inclusion to the ame of er a calenda other per ons to a p	M.E.B.A.  uding bural, state a ctible as certible as c	te more or less than these, will use the voluntary t not limited to making
Printed Name	e:				Date:
Occupation:					
Signature:					



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

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

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

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

# **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.

#### **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 INDICATED, AND RETURN TO THE PLAN OFFICE IN BALTIMORE

	Last Name			First Nan	ne	Ini	tial		
Social Security Number									
Date of Birth (mm/dd/yyyy)				Sex (Select one)	)	O Male O Female			
Home Telephone Number	(Area Code:	(Area Code:							
Cellular Phone Number	(Area Code:		)						
E-mail address (If applicable)		@							
Affiliation (Check One)	O District No. 1-P	CD, M	EBA O F	Plan Emplo	yee O	Union Employee O Other	:		
Active/Pensioner (Check One)	O Active O Pensio	ner	If Activ	ely Emplo	oyed, l	Name of Present Employe	er:		
Marital Status (Check One)	○ Single ○ Married ○ Widowed ○ Divorced ○ Legally Separated								
Date Married, Widowed, Divorced or Legally Separated (mm/dd/yyyy)	○ Married ○ Widowed ○ Divorced ○ Legally Separated						rated		
Permanent Address (Home of Record):	Number & Street								
(nome of Record).	City, State, Zip								
Mailing Address	Number & Street								
(if different than Permanent Address above):	City, State, Zip								
		IST FU	ULL NA	MES)	ICAL				
LAST NAME FIRST NAME INITI	AL DATE OF BIRTH (MM/DD/YYYY)	DI	EPENDANT	I SSN		RELATIONSHIP TO MEMBER CHECK ONE	STEP/GRAND CHILD CHECK IF FT STUDENT		
					<ul><li>Spo</li><li>Chi</li><li>Step</li></ul>		<ul><li> Yes</li><li> No</li></ul>		
If dependant is an adult child/adopted If eligible for Employment Based Co		_	_	-	ased C	overage? (check one) $\circ$ Y	es ∘ No		
Child's Employer Name	Child's Employer Address				Child's Employer Phone				
Child's Spouse's Employer Name	Child's Spouse's E	Employe	er Address		Child's Spouse's Employer Phone				

Member Name

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DEPENDANT SSN	RELATIONSHIP TO MEMBER CHECK ONE	STEP/GRAND CHILD CHECK IF FT STUDENT		
					○ Child ○ Adopted Child	o Yes		
					○ Stepchild ○ Grandchild	o No		
					Based Coverage? (check one) $\circ$ Y	es ○ No		
		sed Covera		e following sections				
Child's Employer I	Name		Child's Employe	r Address	Child's Employer Phone			
Child's Spouse's E	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		
					○ Child ○ Adopted Child	o Yes		
					∘ Stepchild ∘ Grandchild	o No		
					Based Coverage? (check one) O	es ○ No		
		sed Covera		e following sections				
Child's Employer I	Name		Child's Employe	r Address	Child's Employer Phone			
Child's Spouse's E	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		
					○ Child ○ Adopted Child	o Yes		
					○ Stepchild ○ Grandchild	o No		
					Based Coverage? (check one) • Y	es o No		
		sea Covera		r Address	Child's Employer Phone			
Child's Employer Name Child's Employer Address		1 Addiess	Clind's Employer Phone					
Child's Spouse's E	Employer Name		Child's Spouse's Employer Address		Child's Spouse's Employer Phone			
(Attacl	h a separate sh	eet to you	r Permanent Da	nta Form if you have more	than four Dependants)			
Signature of								
Employee					Date			

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 vou are changing your beneficiary for life insurance.

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

A new Beneficiary Designation Form must be completed in its entirety.

Last Name

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

 $\underline{\text{COMPLETE BOTH PAGES OF THIS FORM}, \text{SIGN $A$ND DATE WHERE INDICATED, AND RETURN TO THE PLAN OFFICE IN BALTIMORE}}$ 

First Name

Initial

Date of Birth (mm/dd/yyyy)				Sex (Select one	)	Male			
				`	´ O	Female			
Home Telephone Number	(Area Code:	(Area Code:							
Cellular Phone Number	(Area Code:		)						
E-mail address (If applicable)				@					
Affiliation (Check One)	O District No	o. 1-PCD, M	EBA O	Plan Emplo	yee O Uni	on Employee	O Otl	her:	
Active/Pensioner (Check One)	O Active O F	O Active O Pensioner						oyer:	
Marital Status (Check One)	O Single	○ Single ○ Married ○ Widowed ○ Divorced ○ Legally Separated							
	BENEF	FICIARY I	DESIGN	NATION I	FORM				
Medical and Benefits Plan up- beneficiary(ies) shown below verserving to myself the privile beneficiary is designated, settle survive me, unless otherwise per made in accordance with the per- otherwise indicated. Conting	with respect to bene- ege of making other ement will be made provided herein (top provisions of the Plagent Beneficiary is	efits provide er and futur in equal sh tal must eq an. <b>NOTE:</b> the person	ed now ore chang ares to s ual 100% Co-ber	or at any tiges subject uch of the %). If no be neficiaries	me in the to the Pl designated beneficiary receive p	future under an provision d beneficiari survives m roceeds in	the ans. If es (or e, sette equal	bove Plan, still more than one beneficiary) as tlement will be <b>shares, unless</b>	
should predecease the person	whose life is insur	<u>red.</u>							
Name: Check One:  ☐ Beneficiary <u>or</u> ☐ Co-Beneficiary	Last Name			First Nan	ne	Initia	ıl	Relationship	
Address of Beneficiary	Number & Street			C'A			Ctata	7:-	
Beneficiary's Social Security Number	number & Street			City		Percent (% of Benefit	· ·	%	
Date of Birth (mm/dd/yyyy)					Sex (Check One	<ul><li> O Ma</li><li> O Fer</li></ul>			
		D	CE 1 OF 2						

Member Name

Social Security Number

CO-BENE	FICIARY (IES) OR	CONTINGENT I	BENEFI	CIARY (IES)	)
Name: Check One:  ☐ Beneficiary <u>or</u>					
☐ Co-Beneficiary	Last Name	First Na	me	Initial	Relationship
Address of Beneficiary					
	Number & Street	City	<u> </u>	Stat	e Zip
Beneficiary's Social Security Number				Percent (%) of Benefit:	%
Date of Birth (mm/dd/yyyy)			Sex (Check One	<ul><li>Male</li><li>Female</li></ul>	
Name: Check One:  ☐ Co-Beneficiary or			L		
☐ Contingent Beneficiary	Last Name	First Name		Initial	Relationship
Address of Beneficiary					
	Number & Street	City	<u> </u>	State	Zip
Beneficiary's Social Security Number				Percent (%) of Benefit:	%
Date of Birth (mm/dd/yyyy)			Sex	o Male	
Date of Birth (him/dd/yyyy)			(Check One	• Female	
Name: Check One:	1				
□ Co-Beneficiary <u>or</u>					
☐ Contingent Beneficiary	Last Name	First Name		Initial	Relationship
Address of Beneficiary					
	Number & Street	City		State	Zip
Beneficiary's Social Security Number				Percent (%) of Benefit:	%
Data of Divile (1914)			Sex	o Male	
Date of Birth (mm/dd/yyyy)			(Check One	o Female	
(Attach a canarata ch	eet to your Permanent Data	Form if you have more	than two C	o_Ranoficiaries)	
Signature of Employee	cer to your 1 er manent Data	1 orm ir you have more	Dat		

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

# Union Members: Know Your Rights



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

Office of Labor-Management Standards

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

# **Union Member Rights**

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

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

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

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

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

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

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

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

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

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

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

# **Union Officer Responsibilities**

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

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

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

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

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

**Officer Elections -** Unions must:

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

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

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

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

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

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