



## APPLICATION FOR GREAT LAKES VACATION PAY

List in chronological order voyages for which you claim vacation pay. List the earliest voyage first. List each period of employment on a separate line. Copy the information from your discharge and pay vouchers. Only discharges will be accepted.

NAME OF COMPANY	NAME OF SHIP	RATING	FROM (MM/DD/YYYY)	THROUGH (MM/DD/YYYY)

**I request:** (mark one (1) block and fill in blanks)

- Partial Vacation: pay \_\_\_\_ days of Vacation
- Partial Vacation: carry over \_\_\_\_ days of Vacation and pay me the balance
- Pay all Vacation that is due me.
- My Return To Work Date will be \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Plan will calculate carry over.)

**I request:** (mark one (1) block and fill in blanks)

- Process my check immediately
- Process my check on: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Indicate Date)
- I will call to notify the Plan Office when to process check.

**No more than 90 days of Vacation may be carried over. Early Return days, if applicable, will be automatically calculated in your vacation period.**

I request my vacation to commence on \_\_\_\_/\_\_\_\_/\_\_\_\_ (if later than the day following your last day of covered employment). I understand that Vacation Benefits will not be paid prior to the day my vacation commences.

**Vacation Benefits and Disability Benefits cannot be collected for the same period unless you were hospital confined for at least one day during the period of your disability. If you were hospital confined, disability benefits are payable only from the date of hospitalization.**

1. Are you now receiving or have you applied for disability benefits:    Yes  No   
If yes, indicate: a) date disability benefits began \_\_\_\_/\_\_\_\_/\_\_\_\_ date disability benefits are expected to end \_\_\_\_/\_\_\_\_/\_\_\_\_ and; b) date you were or will be fit for duty: \_\_\_\_/\_\_\_\_/\_\_\_\_.
2. Indicate date(s) of hospitalization (if applicable): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_.

If you attended the MEBA Training School please indicate the date(s):

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_                      From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074  <span style="font-size: 24pt; font-weight: bold;">2017</span>
1 Type or print your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>NOTE: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box</small>
City or town, state and ZIP code _____		4 <b>If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</b> <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2.) . . . . .		5 _____
6 Additional amount, if any, you want withheld from each paycheck. . . . .		6 \$ _____
7 I claim exemption from withholding for 2017, and certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . .		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it) ►		Date ►
8 Employer's name and address MEBA Vacation Plan 1007 Eastern Avenue, Baltimore, MD 21202		9 Office code (optional) _____
		10 Employer identification number (EIN) 13-6271916

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return. Full forms, including instructions and worksheets, are available upon request to the Plan Office or the Union Port Offices