

**PENSIONER'S APPLICATION FOR REEMPLOYMENT BECAUSE A VESSEL
CANNOT SAIL DUE TO A SHORTAGE OF PERSONNEL**

I, _____, hereby state as follows:

In order to become entitled to receive distribution of my pension benefits under the MEBA Pension Trust ("Plan"), I previously have withdrawn from membership in District No. 1-PCD, MEBA (the "Association").

I desire to be able temporarily to return to employment as a licensed officer in accordance with Section 2.08 (a) (2) of the Plan Regulations.

I acknowledge that, in order to be able to return to employment under Section 2.08 (a)(2) of the Plan Regulations, my period of reemployment shall be ***no longer than the length of the voyage or 90 days***, whichever is greater ("Voyage Period"). I hereby agree not to continue in such employment after the Voyage Period, unless I reapply and receive permission of the Trustees.

I acknowledge that if I return to employment without the permission of the Trustees, or if I am reemployed more than the Voyage Period, then I will be subject to the penalties set forth in Section 2.09 of the Plan Regulations, which may include loss of six additional months of pension benefits in addition to the months of reemployment, liability for repayment of any lump sum distribution that I previously received, and loss of eligibility for the MEBA Medical and Benefits Plan.

PENSIONER SIGNATURE: _____ SOCIAL SECURITY NUMBER: XXX-XX-_____

DATED: _____ MAILING ADDRESS: _____

**APPLICATION FOR REEMPLOYMENT OF PENSIONER
BECAUSE A VESSEL CANNOT SAIL DUE TO A SHORTAGE OF PERSONNEL**

1. _____, a contributing Employer under the MEBA Pension Trust, ("Plan"), and District No. 1-PCD, MEBA (the "Association"), hereby apply to the Trustees of Plan for reemployment of _____, SSN# XXX-XX-_____, a Pensioner under the Plan, in accordance with Section 2.08 (a)(2) of the Plan Regulations.

2. The Employer and the Association certify that the Employer's vessel, _____, cannot sail due to a shortage of licensed officers and that the Pensioner is the only licenses officer available. The Employer agrees that the Pensioner will be employed for ***not longer than the length of the voyage or 90 days***, whichever is greater, unless reapplication is made and permission of the Trustees is received.

3. The Pensioner's rating for this Voyage Period is _____.

4. The voyage will begin on or about _____, sailing from _____.

ASSOCIATION

DATED: _____ BY: _____

EMPLOYER

DATED: _____ BY: _____