

Guide to Completing and Sending a Vacation Application



- 1 Open your preferred Web Browser.



- 2 Click "Address and search bar" and type in www.mebaplans.org and hit enter.



5 Click "VIEW MORE FORMS & DOCUMENTS "



pays wages for Port

information, please refer
ng in this overview
s and Regulations.

ent for a Participating
ontributions to the Plan.
greement to make
are eligible to receive
a 720-day period for

RELATED DOCUMENTS & LINKS

 [MEBA Vacation Plan Rules & Regulations](#)

 [MEBA Vacation Plan SPD](#)

VIEW MORE
FORMS &
DOCUMENTS >

6 Click " Vacation Plan Forms "

 [Pension Plan Documents \(6\)](#)

 [Pension Plan Notices \(1\)](#)

 [Training Plan Forms \(1\)](#)

 [Training Plan Documents \(15\)](#)

 [Vacation Plan Forms \(7\)](#)

 [Vacation Plan Documents \(4\)](#)

FREQUENTLY ASKED QUESTIONS

My address has recently changed. How do I update it?
You would need to complete a change of address form.

7 Click "MEBA Vacation Plan Pay Application(fillable)"

▼ Vacation Plan Forms (9)

-  MEBA Vacation Plan Beneficiary Form 2025
-  MEBA Vacation Plan Converted Overtime Application (
-  MEBA Vacation Plan Converted Overtime Application(
-  MEBA Vacation Plan Designation of Authorized Repres
-  MEBA Vacation Plan Direct Deposit Form 2025
-  MEBA Vacation Plan Early Return Form (fillable) 2025
-  **MEBA Vacation Plan Pay Application (fillable) 2025**

8 Click in the application to fill in Name

NOTE: Failure to submit proof of an accumulated work performed to the unit result in permanent loss of vacation benefits earned on the employment not Pay vouchers covering any periods of Unearned Wages since your last vaca

- c.
- d. Carry Over Vacation Form from the last vacation, if applicable.
- e. Original copy of the Converted Overtime Worksheet, if applicable, regardless of w for converted overtime vacation.
- f. Letter from an authorized Union Official granting permission for early return or exc NOTE: If prior written permission is not obtained and an Officer returns to work ea which is loss of vacation benefits for the next six months (180 days) of employer

3. The attached W-4 must be completed every time you file. If it is not completed, withho of "0" exemptions and "Single" marital status.
4. Applications can be filed individually after discharge, by mail or email to the main office Baltimore, or in person or by mail or email to any of our Outport offices.

NOTE: Failure to complete all sections of this application, or include all applicable docum processing of your claim.

Name (Please Print)	Social Security Number
Permanent Address (Street/PO Box)	Mail Check To (if other than perm (Street/PO Box)
(City, State & Zip)	(City, State & Zip)
Contact Number	Email Address

I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the night/port relief work) during the period for which I am collecting vacation benefits, unless such Return Authorization. I further understand that the penalty for such violation will be the loss of my next vacation.

I hereby certify that the information contained herein is accurate. I understand that if I mal collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.

9 Click in the application to fill in Social Security Number

- NOTE: Failure to submit proof of all accumulated work performed to the date of application may result in permanent loss of vacation benefits earned on the employment not submitted.**
- Pay vouchers covering any periods of Unearned Wages since your last vacation.
 - Carry Over Vacation Form from the last vacation, if applicable.
 - Original copy of the Converted Overtime Worksheet, if applicable, regardless of whether or not you are applying for converted overtime vacation.
 - Letter from an authorized Union Official granting permission for early return or excess sailing, if applicable.
- NOTE: If prior written permission is not obtained and an Officer returns to work early, he will be subject to a penalty which is loss of vacation benefits for the next six months (180 days) of employment.**
- The attached W-4 must be completed every time you file. If it is not completed, withholding will be made on the basis of "0" exemptions and "Single" marital status.
 - Applications can be filed individually after discharge, by mail or email to the main office of the Vacation Plan in Baltimore, or in person or by mail or email to any of our Outport offices.
- NOTE: Failure to complete all sections of this application, or include all applicable documentation may result in delayed processing of your claim.**

Name (Please Print) John Doe	Social Security Number	Birth Date
Permanent Address (Street/PO Box)	Mail Check To (if other than permanent address) (Street/PO Box)	
(City, State & Zip)	(City, State & Zip)	
Contact Number	Email Address	
<p>I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>		

10 Click in the application to fill in Birth Date

- NOTE: Failure to submit proof of all accumulated work performed to the date of application may result in permanent loss of vacation benefits earned on the employment not submitted.**
- Pay vouchers covering any periods of Unearned Wages since your last vacation.
 - Carry Over Vacation Form from the last vacation, if applicable.
 - Original copy of the Converted Overtime Worksheet, if applicable, regardless of whether or not you are applying for converted overtime vacation.
 - Letter from an authorized Union Official granting permission for early return or excess sailing, if applicable.
- NOTE: If prior written permission is not obtained and an Officer returns to work early, he will be subject to a penalty which is loss of vacation benefits for the next six months (180 days) of employment.**
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 - Applications can be filed individually after discharge, by mail or email to the main office of the Vacation Plan in Baltimore, or in person or by mail or email to any of our Outport offices.
- NOTE: Failure to complete all sections of this application, or include all applicable documentation may result in delayed processing of your claim.**

Social Security Number 000-00-0000	Birth Date
Mail Check To (if other than permanent address) (Street/PO Box)	
(City, State & Zip)	
Email Address	
<p>on of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>	

11 Click in the application to fill in Address

d. Carry Over Vacation Form from the last vacation, if applicable.
 e. Original copy of the Converted Overtime Worksheet, if applicable, regardless of whether or not you are for converted overtime vacation.
 f. Letter from an authorized Union Official granting permission for early return or excess sailing, if applicable.
 NOTE: If prior written permission is not obtained and an Officer returns to work early, he will be subject to which is loss of vacation benefits for the next six months (180 days) of employment.

3. The attached W-4 must be completed every time you file. If it is not completed, withholding will be made of "0" exemptions and "Single" marital status.

4. Applications can be filed individually after discharge, by mail or email to the main office of the Vacation Plan Baltimore, or in person or by mail or email to any of our Outport offices.

NOTE: Failure to complete all sections of this application, or include all applicable documentation may result in processing of your claim.

Name (Please Print) John Doe	Social Security Number 000-00-0000	Birth Date
Permanent Address (Street/PO Box)	Mail Check To (if other than permanent address) (Street/PO Box)	
(City, State & Zip)	(City, State & Zip)	
Contact Number	Email Address	

I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my lince night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employe my next vacation.

I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.

Signature of Applicant

Date

12 Click in the application to fill in City, State and Zip.

for converted overtime vacation.
 f. Letter from an authorized Union Official granting permission for early return or excess sailing, if applicable.
 NOTE: If prior written permission is not obtained and an Officer returns to work early, he will be subject to which is loss of vacation benefits for the next six months (180 days) of employment.

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NOTE: Failure to complete all sections of this application, or include all applicable documentation may result in processing of your claim.

Name (Please Print) John Doe	Social Security Number 000-00-0000	Birth Date
Permanent Address (Street/PO Box) 1007 Eastern Ave	Mail Check To (if other than permanent address) (Street/PO Box)	
(City, State & Zip)	(City, State & Zip)	
Contact Number	Email Address	

I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my lince night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employe my next vacation.

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Signature of Applicant

Date

13 Click in the application to fill in contact number.

3. The attached W-4 must be completed every time you file. If it is not completed, withholding will be m of "0" exemptions and "Single" marital status.

4. Applications can be filed individually after discharge, by mail or email to the main office of the Vacati Baltimore, or in person or by mail or email to any of our Outport offices.

NOTE: Failure to complete all sections of this application, or include all applicable documentation may re processing of your claim.

Name (Please Print) John Doe	Social Security Number 000-00-0000
Permanent Address (Street/PO Box) 1007 Eastern Ave	Mail Check To (if other than permanent address) (Street/PO Box)
(City, State & Zip) Baltimore, Md 21202	(City, State & Zip)
Contact Number	Email Address

I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of m night/port relief work) during the period for which I am collecting vacation benefits, unless such work is perfor Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' empl my next vacation.

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Signature of Applicant

Date

Claim submitted to MEBA office in: _____ (City) _____ (State)

Authorization To The Administrator MEBA Vacation Plan

14 Click in the application to fill in Mailing Address if it differs from Permanent Address.

processing of your claim.

Name (Please Print) John Doe	Social Security Number 000-00-0000	Birth Date
Permanent Address (Street/PO Box) 1007 Eastern Avenue	Mail Check To (if other than permanent address) (Street/PO Box)	
(City, State & Zip) Baltimore, MD 21202	(City, State & Zip)	
Contact Number 410-547-9111	Email Address	

I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.

I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.

Signature of Applicant

Date

Claim submitted to MEBA office in: _____ (City) _____ (State)

15

Click in the application to fill in City State and Zip of requested mailing address for claim if differs from permanent address.

Name (Please Print) John Doe		Social Security Number 000-00-0000	Birth Date
Permanent Address (Street/PO Box) 1007 Eastern Avenue		Mail Check To (if other than permanent address) (Street/PO Box) 1009 Eastern Avenue	
(City, State & Zip) Baltimore, MD 21202		(City, State & Zip)	
Contact Number 410-547-9111		Email Address	
<p>I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>			
_____ Signature of Applicant		_____ Date	
Claim submitted to MEBA office in: _____ (City)		_____ (State)	
Authorization To The Administrator MEBA Vacation Plan			

16

Click in the application to fill in email address.

- The attached W-4 must be completed every time you file. If it is not completed, withholding will be made on the basis of "0" exemptions and "Single" marital status.
 - Applications can be filed individually after discharge, by mail or email to the main office of the Vacation Plan in Baltimore, or in person or by mail or email to any of our Outport offices.
- NOTE: Failure to complete all sections of this application, or include all applicable documentation may result in delayed processing of your claim.**

Name (Please Print) John Doe		Social Security Number 000-00-0000	Birth Date
Permanent Address (Street/PO Box) 1007 Eastern Ave		Mail Check To (if other than permanent address) (Street/PO Box)	
(City, State & Zip) Baltimore, Md 21202		(City, State & Zip)	
Contact Number 410-547-9111		Email Address	
<p>I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>			
_____ Signature of Applicant		_____ Date	
Claim submitted to MEBA office in: _____ (City)		_____ (State)	
Authorization To The Administrator MEBA Vacation Plan			

17 Click in the application to complete signature.

Name (Please Print) John Doe	Social Security Number 000-00-0000	Birth Date
Permanent Address (Street/PO Box) 1007 Eastern Avenue	Mail Check To (if other than permanent address) (Street/PO Box) 1009 Eastern Avenue	
(City, State & Zip) Baltimore, MD 21202	(City, State & Zip) Baltimore, MD 21202	
Contact Number 410-547-9111	Email Address johndoe@mebaplans.org	
<p>I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>		
<p>_____ Signature of Applicant</p>		<p>_____ Date</p>
Claim submitted to MEBA office in: _____ (City)	_____ (State)	

18 Click in application to fill in date signed.

John Doe	000-00-0000	
Permanent Address (Street/PO Box) 1007 Eastern Ave	Mail Check To (if other than permanent address) (Street/PO Box)	
(City, State & Zip) Baltimore, Md 21202	(City, State & Zip)	
Contact Number 410-547-9111	Email Address johndoe@mebaplans.org	
<p>I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>		
<p>_____ Signature of Applicant</p>		<p>_____ Date</p>
Claim submitted to MEBA office in: _____ (City)	MD (State)	
<p>Authorization To The Administrator MEBA Vacation Plan</p>		
<p>I hereby authorize and direct you to deduct from the vacation benefit due by this claim, 6% of the gross amount of said vacation benefit payment, which sum represents a portion of the membership dues or service charge payment owed to District No. 1-MEBA, pursuant to ARTICLE 15, SECTION, 1 of its By-Laws.</p>		
<p>I hereby authorize and direct you to pay the amount so deducted to District No. 1-MEBA.</p>		
<p>_____ Signature of Applicant</p>		<p>_____ Date</p>

19

Click in application to fill in city and state that you will be submitting your claim to for payment.

John Doe	000-00-0000
Permanent Address (Street/PO Box) 1007 Eastern Ave	Mail Check To (if other than permanent (Street/PO Box)
(City, State & Zip) Baltimore, Md 21202	(City, State & Zip)
Contact Number 410-547-9111	Email Address..... johndoe@mebaplans.
<p>I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>	
Signature of Applicant	Date
Claim submitted to MEBA office in: (City)	(State)
<p>Authorization To The Administrator MEBA Vacation Plan</p> <p>I hereby authorize and direct you to deduct from the vacation benefit due by this claim, 6% of the gross amount of said vacation benefit payment, which sum represents a portion of the membership dues or service charge payment owed to District No. 1-MEBA, pursuant to ARTICLE 15, SECTION, 1 of its By-Laws.</p> <p>I hereby authorize and direct you to pay the amount so deducted to District No. 1-MEBA.</p>	
Signature of Applicant	Date

20

Click in the application to complete signature.

<p>I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/port relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be the loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>	
Signature of Applicant	Date
Claim submitted to MEBA office in: (City)	(State)
<p>Authorization To The Administrator MEBA Vacation Plan</p> <p>I hereby authorize and direct you to deduct from the vacation benefit due by this claim, 6% of the gross amount of said vacation benefit payment, which sum represents a portion of the membership dues or service charge payment owed to District No. 1-MEBA, pursuant to ARTICLE 15, SECTION, 1 of its By-Laws.</p> <p>I hereby authorize and direct you to pay the amount so deducted to District No. 1-MEBA.</p>	
Signature of Applicant	Date
<p>NOTE, If you have direct deposit authorization on file, it is effective until the plan is notified in writing.</p>	

21 Click in application to fill in Date signed.

my next vacation.
 I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.

Signature of Applicant: _____ Date: 6/12/24

Baltimore (City) MD (State)

Claim submitted to MEBA office in: _____ (City) _____ (State)

Authorization To The Administrator MEBA Vacation Plan

I hereby authorize and direct you to deduct from the vacation benefit due by this claim, 6% of the gross amount of said vacation benefit payment, which sum represents a portion of the membership dues or service charge payment owed to District No. 1-MEBA, pursuant to ARTICLE 15, SECTION, 1 of its By-Laws.

I hereby authorize and direct you to pay the amount so deducted to District No. 1-MEBA.

Signature of Applicant: _____ Date: _____

NOTE, If you have direct deposit authorization on file, it is effective until the plan is notified in writing.

Name: _____ SSN: XXX-XX-_____ Date: _____

22 Click in the application to fill in Name.

I hereby authorize and direct you to deduct from the vacation benefit due by this claim, 6% of benefit payment, which sum represents a portion of the membership dues or service charge payable pursuant to ARTICLE 15, SECTION, 1 of its By-Laws.

I hereby authorize and direct you to pay the amount so deducted to District No. 1-MEBA.

Signature of Applicant: _____ Date: 6/12/24

NOTE, If you have direct deposit authorization on file, it is effective until the pla

Name: _____ SSN: XXX-XX-_____

APPLICATION FOR VACATION

List in chronological order voyages for which you claim vacation pay. List the earliest employment on a separate line and identify if period was FOS or ROS. Copy the information from pay vouchers. Only discharges will be accepted.

Name of Company	Name of Ship	Rating	FOS	ROS	From (mn)

23 Click in the application to fill in last 4 of social security number.

Name: John Doe SSN: XXX-XX- Date: _____

APPLICATION FOR 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 and identify if period was FOS or ROS. Copy the information from your discharge and pay vouchers. Only discharges will be accepted.

Name of Company	Name of Ship	Rating	FOS	ROS	From (mm/dd/yyyy)	Through (mm/dd/yyyy)

No more than 90 days of Vacation may be carried over. Early Return days, if applicable, will be automatically calculated in your vacation period. Vacation Benefits will not be paid prior to the day your vacation commences. Vacation period cannot commence until the day after your last date of covered employment.

I request: (mark all that apply and fill in blanks)

24 Click in the application to fill in date completed.

I direct you to deduct from the vacation benefit due by this claim, 6% of the gross amount of said vacation benefit represents a portion of the membership dues or service charge payment owed to District No. 1-MEBA, SECTION, 1 of its By-Laws.

I direct you to pay the amount so deducted to District No. 1-MEBA.

Signature of Applicant 6/12/24 Date

I have direct deposit authorization on file, it is effective until the plan is notified in writing.

SSN: XXX-XX-0000 Date: _____

APPLICATION FOR VACATION PAY

List your voyages for which you claim vacation pay. List the earliest voyage first. List each period of employment on a separate line and identify if period was FOS or ROS. Copy the information from your discharge and pay vouchers. Only discharges will be accepted.

Name of Ship	Rating	FOS	ROS	From (mm/dd/yyyy)	Through (mm/dd/yyyy)

25

Click in the application to fill in all shipping details since last vacation application. Please add separate lines if rating changed or if it changed from FOS or ROS during same voyage.

Name: John Doe SSN: XXX-XX-0000

APPLICATION FOR VACAT

List in chronological order voyages for which you claim vacation pay. List the employment on a separate line and identify if period was FOS or ROS. Copy pay vouchers. Only discharges will be accepted.

Name of Company	Name of Ship	Rating	FOS	ROS	I

No more than 90 days of Vacation may be carried over. Early Return days, if a your vacation period. Vacation Benefits will not be paid prior to the day your vacation period commences until the day after your last date of covered employment.

I request: (mark all that apply and fill in blanks)

Partial Vacation: pay _____ days of Regular Vacation My Return

26

Click in the application to fill in your request for payment for regular or converted overtime.

Company Name	Ship Worked On	1A	X	

No more than 90 days of Vacation may be carried over. Early Return days your vacation period. Vacation Benefits will not be paid prior to the day you commence until the day after your last date of covered employment.

I request: (mark all that apply and fill in blanks)

Partial Vacation: pay _____ days of Regular Vacation My R
 carry over _____ days of Regular Vacation (Plan

Partial Vacation: pay _____ days of Converted Overtime Vacation I req
 carry over _____ days of Converted Overtime Vacation (if late

Pay all Vacation that is due me.

Port Relief worked while on vacation requires an Early Return Letter to be List **all** Port Relief Jobs that you worked subsequent to the latest sailing e

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

27 Click in the application to specify days you would like to pay or carryover.

Company Name	Ship Worked On	1A	X		1/1/20

No more than 90 days of Vacation may be carried over. Early Return days, if applicable, will be your vacation period. Vacation Benefits will not be paid prior to the day your vacation commence until the day after your last date of covered employment.

I request: (mark all that apply and fill in blanks)

Partial Vacation: pay _____ days of Regular Vacation
 carry over _____ days of Regular Vacation

My Return To Work Date will be _____
 (Plan will calculate carry over.)

Partial Vacation: pay _____ days of Converted Overtime Vacation
 carry over _____ days of Converted Overtime Vacation

I request my vacation to commence on _____
 (if later than the day following your last day of covered employment)

Pay all Vacation that is due me.

Port Relief worked while on vacation requires an Early Return Letter to be submitted with this claim. List **all** Port Relief Jobs that you worked subsequent to the latest sailing employment dates shown above.

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

28 Click in the application to select a specific return to work or commencement date.

Company Name	Ship Worked On	1A	X		1/1/20	1/31/24

No more than 90 days of Vacation may be carried over. Early Return days, if applicable, will be automatically calculated in your vacation period. Vacation Benefits will not be paid prior to the day your vacation commences. Vacation period cannot commence until the day after your last date of covered employment.

I request: (mark all that apply and fill in blanks)

Partial Vacation: pay 15 days of Regular Vacation
 carry over _____ days of Regular Vacation

My Return To Work Date will be ____/____/____.
 (Plan will calculate carry over.)

Partial Vacation: pay _____ days of Converted Overtime Vacation
 carry over _____ days of Converted Overtime Vacation

I request my vacation to commence on ____/____/____.
 (if later than the day following your last day of covered employment)

Pay all Vacation that is due me.

Port Relief worked while on vacation requires an Early Return Letter to be submitted with this claim. List **all** Port Relief Jobs that you worked subsequent to the latest sailing employment dates shown above.

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

29 Click in the application to fill in dates desired for the specific request.

Ship Worked On	1A	X		1/1/20	1/31/24

Vacation may be carried over. Early Return days, if applicable, will be automatically calculated in the application. Vacation Benefits will not be paid prior to the day your vacation commences. Vacation period cannot exceed your last date of covered employment.

Apply and fill in blanks)

days of Regular Vacation
 days of Regular Vacation
 days of Converted Overtime Vacation
 days of Converted Overtime Vacation

My Return To Work Date will be ____/____/____.
 (Plan will calculate carry over.)

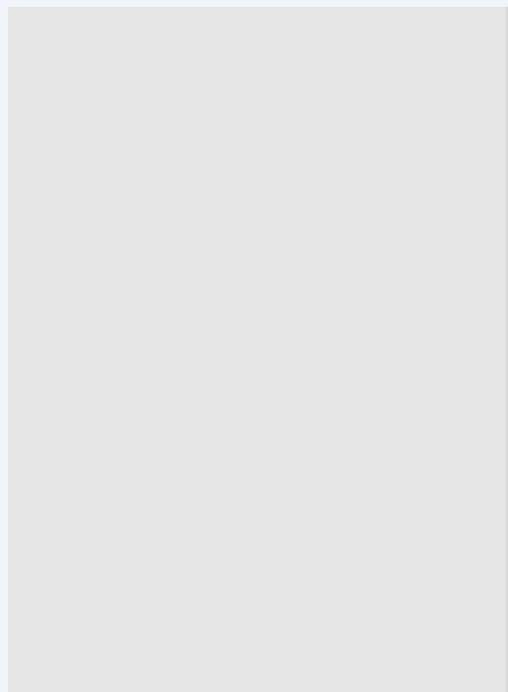
I request my vacation to commence on ____/____/____.
 (if later than the day following your last day of covered employment)

me.

1 vacation requires an Early Return Letter to be submitted with this claim.
 It you worked subsequent to the latest sailing employment dates shown above.

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

30 Click in the application to fill in all Port Relief jobs worked during last vacation period.



your vacation period. Vacation Benefits will not be paid prior to the day your vacation commences until the day after your last date of covered employment.

I request: (mark all that apply and fill in blanks)

Partial Vacation: pay 15 days of Regular Vacation
 carry over ____ days of Regular Vacation

Partial Vacation: pay ____ days of Converted Overtime Vacation
 carry over ____ days of Converted Overtime Vacation

Pay all Vacation that is due me.

Port Relief worked while on vacation requires an Early Return Letter to be submitted with this claim.
 List all Port Relief Jobs that you worked subsequent to the latest sailing employment dates shown above.

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

Vacation Benefits and Disability Benefits cannot be collected for the same period of time. At least one day during the period of your disability. If you were hospitalized during the period of your disability, you will not be eligible for Disability Benefits 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 ended ____/____/____, and b) date you were or will be fit for duty: ____/____/____

31

Click in the application to fill in any training school time since last application.

carry over _____ days of Regular Vacation (Plan will c
 Partial Vacation: pay _____ days of Converted Overtime Vacation I request
 carry over _____ days of Converted Overtime Vacation (if later tha
 Pay all Vacation that is due me.

Port Relief worked while on vacation requires an Early Return Letter to be sub
 List all Port Relief Jobs that you worked subsequent to the latest sailing empl
 2/24/24, 2/26/24

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

Vacation Benefits and Disability Benefits cannot be collected for the same pe
 at least one day during the period of your disability. If you were hospital confir
 from the date of hospitalization.

1 Are you now receiving or have you applied for disability benefits: Y
 If yes, indicate: a) date disability benefits began ____/____/____, date dis
 to end ____/____/____ and b) date you were or will be fit for duty: ____/____/____
 2 Indicate date(s) of hospitalization (if applicable): From ____/____/____ To ____/____/____

Political Action Fund: Please deduct \$ _____ as a one-time contributi
 Please note this amount will be withheld in addition to any current elected PAF monthly contribut

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Click in the application to fill in if you have or have not applied for disability benefits and complete any dates that apply since last vacation application.

worked while on vacation requires an Early Return Letter to be submitted with this claim.
 t Relief Jobs that you worked subsequent to the latest sailing employment dates shown above.
 2/26/24

ded the MEBA Training School please indicate the date(s):

enefits and Disability Benefits cannot be collected for the same period unless you were hospital confined for
 e day during the period of your disability. If you were hospital confined, disability benefits are payable only
 ate of hospitalization.

Are you now receiving or have you applied for disability benefits: Yes No

Indicate: a) date disability benefits began ____/____/____, date disability benefits are expected
 ____/____/____ and b) date you were or will be fit for duty: ____/____/____.

Indicate date(s) of hospitalization (if applicable): From ____/____/____ To ____/____/____.

Political Action Fund: Please deduct \$ _____ as a one-time contribution from this vacation check.
 This amount will be withheld in addition to any current elected PAF monthly contribution.

33

Click in the application to fill in any Political Action Fund one time contribution amount you would like deducted from your claim.

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

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 ____/____/____.

Political Action Fund: Please deduct \$ as a one-time contribution from this vacation check.
 Please note this amount will be withheld in addition to any current elected PAF monthly contribution.

Form **W-4** | **Employee's Withholding Certificate** | OMB No. 1545-0074
 Department of the Treasury | Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. | **2024**
 Internal Revenue Service | Give Form W-4 to your employer. |
 Your withholding is subject to review by the IRS.

34

Click in the W-4 to fill in First Name, Last Name and Address.

Form **W-4** | **Employee's Withholding Certificate** | OMB No. 1545-0074
 Department of the Treasury | Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. | **2025**
 Internal Revenue Service | Give Form W-4 to your employer. |
 Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		

(c) Single or Married filing separately
 Married filing jointly or Qualifying surviving spouse
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

35 Click in W-4 to fill in full Social Security Number.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Certificate		OMB No. 1545-0074
	Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		
Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

36 Click in the W-4 to fill in your withholding status.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Certificate		
	Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		
Step 1: Enter Personal Information	(a) First name and middle initial	Last name	
	John		Doe
	Address		
	1007 Eastern Ave		
City or town, state, and ZIP code			
Baltimore, MD 21050			
(c) <input type="radio"/> Single or Married filing separately <input checked="" type="radio"/> Married filing jointly or Qualifying surviving spouse <input type="radio"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more info claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married also works. The correct amount of withholding depends on income earned from Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for yourself or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c)

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4. This option is generally more accurate than (b) if pay at the lower paying job is not higher paying job. Otherwise, (b) is more accurate

39 Click in the W-4 to sign.

Credits Add the amounts above for qualifying children and other dependents. You may add the amount of any other credits. Enter the total here

Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

Step 5: Sign Here Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **D**

Employers Only	Employer's name and address	First date of employment

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q

40 Click in the W-4 to date.

amounts above for qualifying children and other dependents. You may add the amount of any other credits. Enter the total here

3	\$	2000
4(a)	\$	
4(b)	\$	
4(c)	\$	

Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

Extra withholding. Enter any additional tax you want withheld each pay period

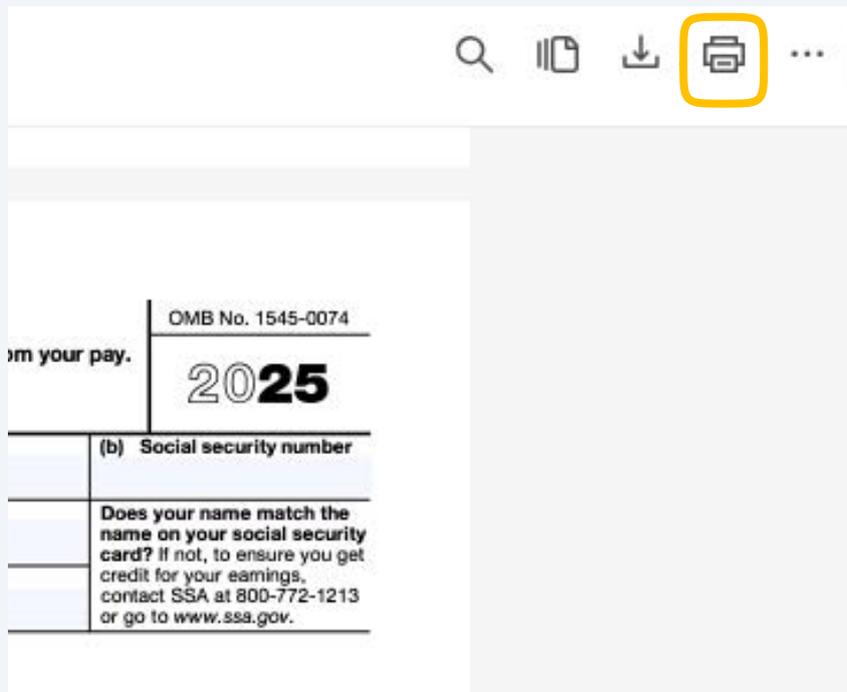
Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

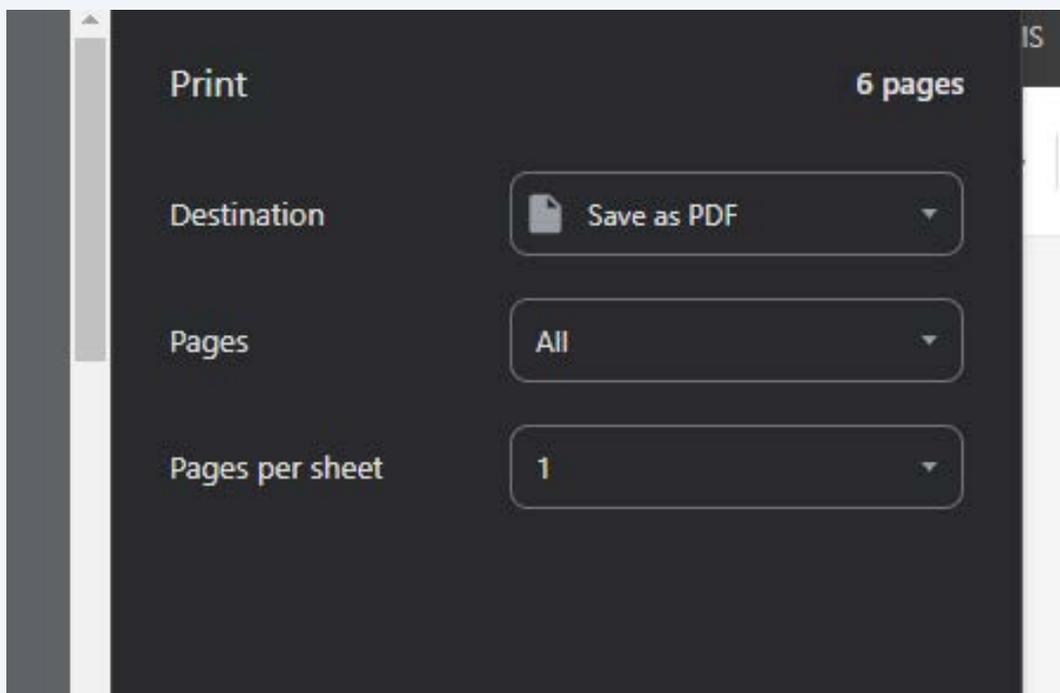
Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2024)

41 Click on the print option and select Print to PDF.

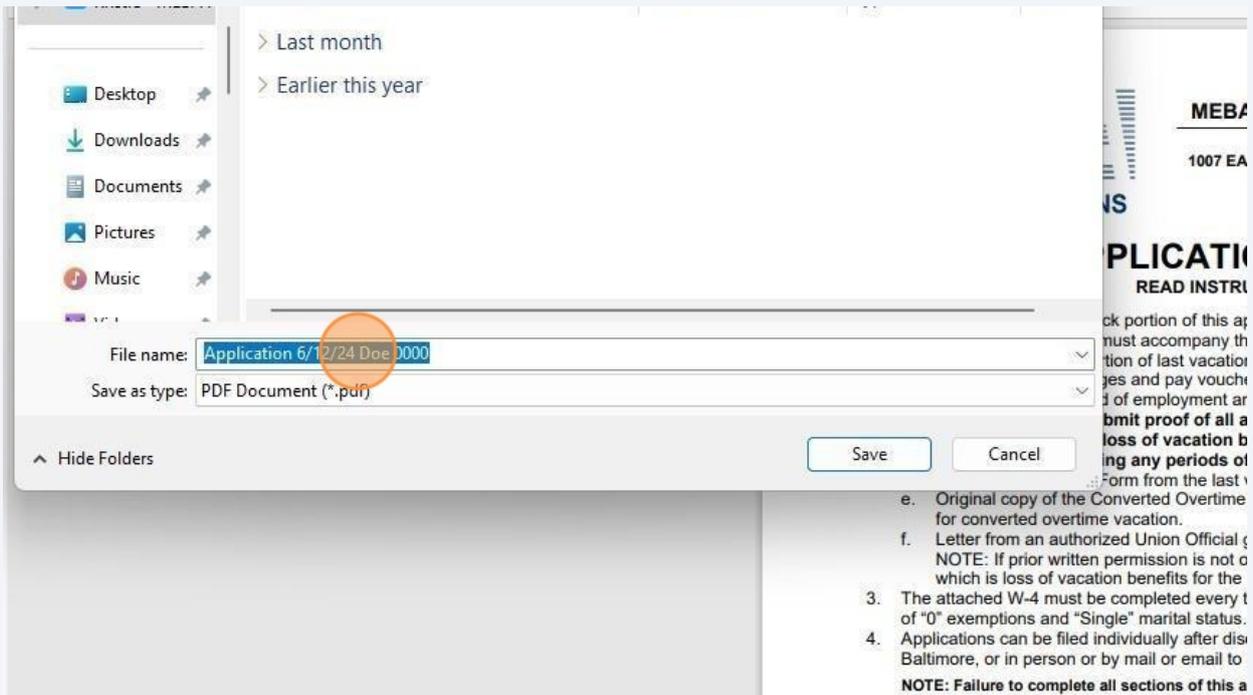


42 Click "Print" to save a PDF copy of you application to your device.



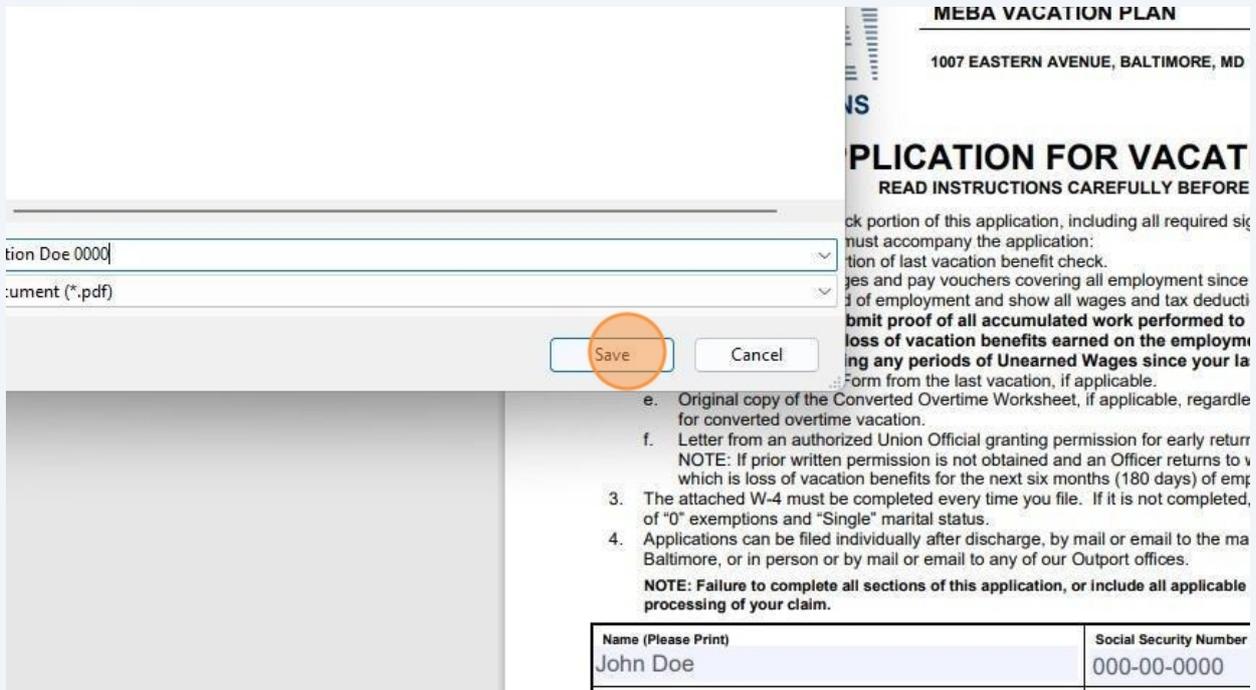
43

Click "File name:" in your save option and rename it Application Your Last name and the last 4 of your social security number.



44

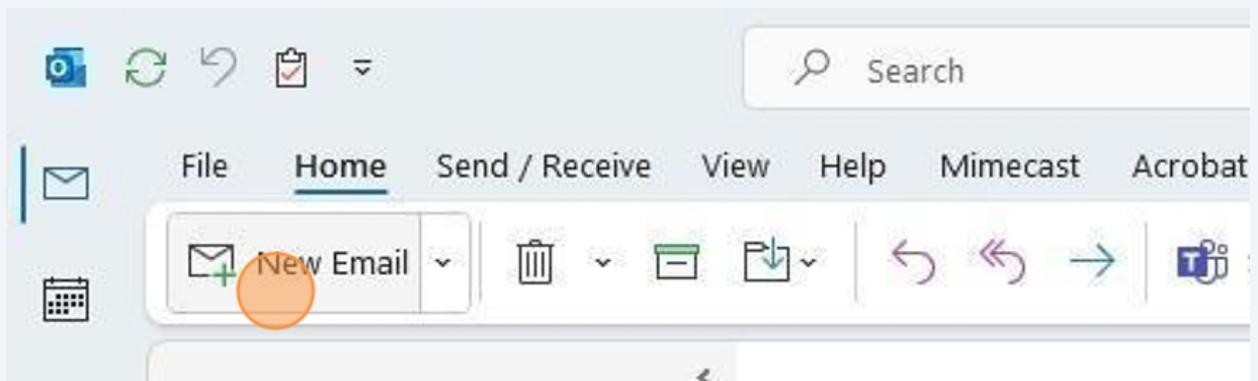
Click "Save"



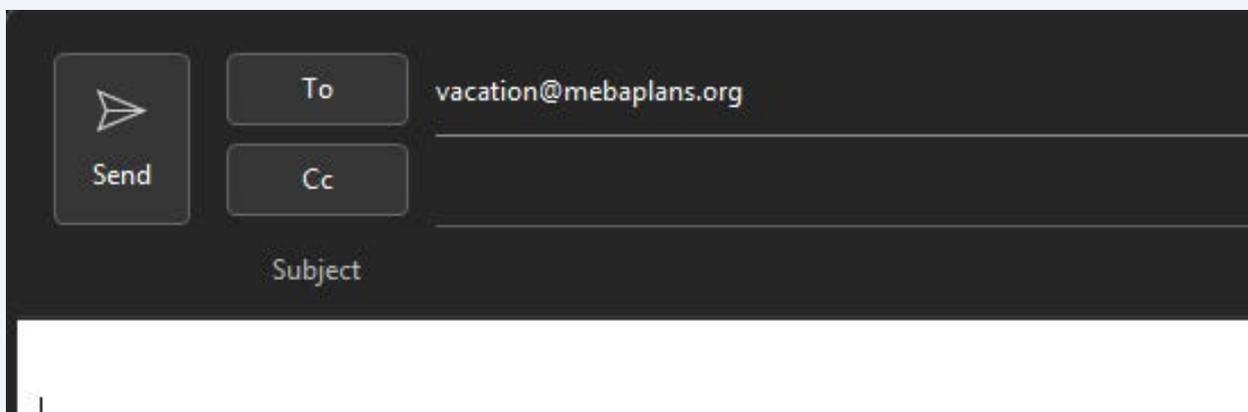
45 Open preferred email application.



46 Click "New Email" to begin a new email to send.

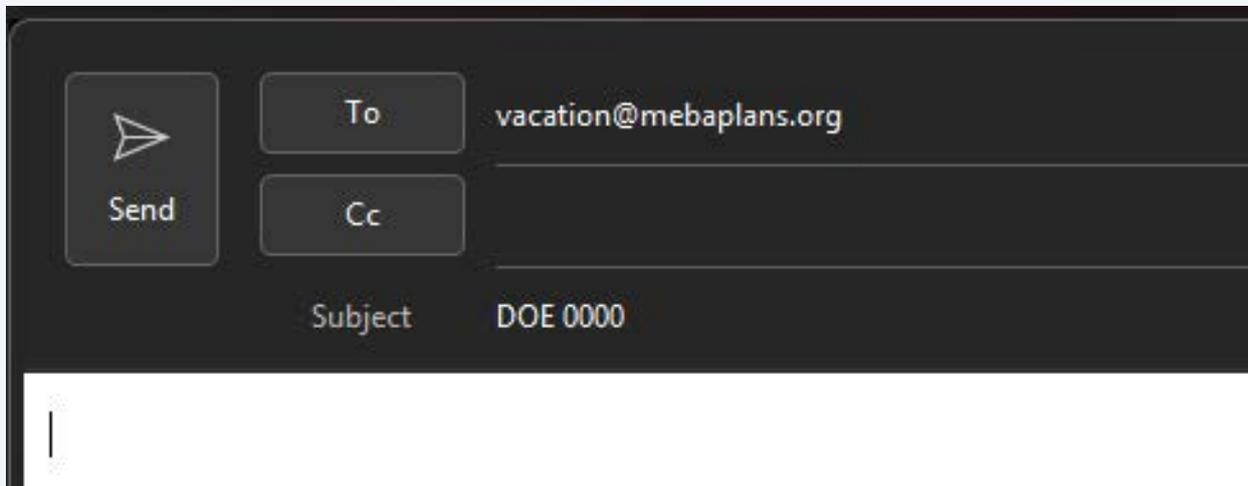


47 Click "To" and type in the email address of Vacation: vacation@mebaplans.org



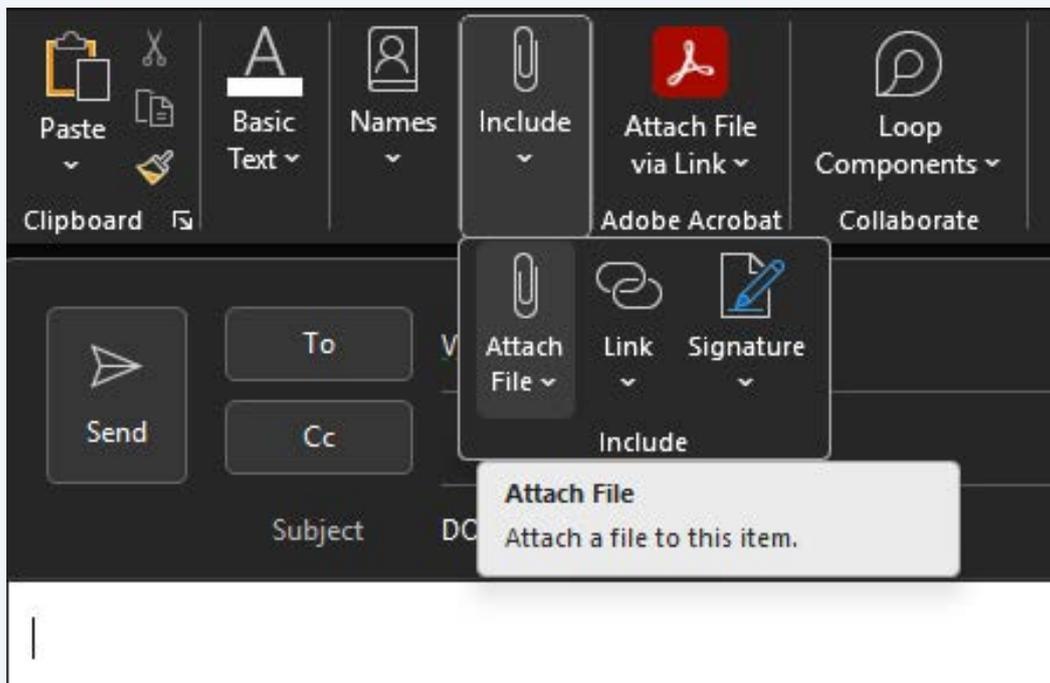
48

Click "Subject" and type your last name and the last 4 of your social security number.



49

Click "Attach File..." and attach your completed vacation application, all discharges and payroll vouchers since your last vacation filing, early returns that apply and any other supporting documentation that apply.



50

Once you have composed your email fully, click "Send"

