Guide to Completing and Sending a Vacation Application





3 Click "I accept"



4 Click "Vacation"			
Started 🔉 Splashtop - Log in 🗋 Outlook 🌓 Duo Security 🕒 Mail - KBethke@m	A ^N □ G Sign In Indeed Acc	값 () Ø ADP	ג ⊨ נו פֿיי ג ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו
FAQs Forms, Documents & Notices Contact Us 🕒 Privacy F	Policy		
rchase Benefit 401(k)+ Training Vacation			
n - The 401(k) contributions limit for employees tribution limit for employees aged 50 and over cipants in 401(k), who are 50 and older can			

5

Click "VIEW MORE FORMS & DOCUMENTS "



O Training Plan Documents (15)



O Vacation Plan Documents (4)

FREQUENTL

My address has rec to notify? You would need to comple 7 Click "MEBA Vacation Plan Pay Application(fillable)"



8 Click in the application to fill in Name

 result in permanent loss of va Pay vouchers covering any period Carry Over Vacation Form from Original copy of the Converted of for converted overtime vacation f. Letter from an authorized Union NOTE: If prior written permission which is loss of vacation benefit The attached W-4 must be complete of "0" exemptions and "Single" marit Applications can be filed individually Baltimore, or in person or by mail or NOTE: Failure to complete all sections processing of your claim. 	cation benefits earned on the employment not eriods of Unearned Wages since your last vaca the last vacation, if applicable. Overtime Worksheet, if applicable, regardless of w Official granting permission for early return or ext n is not obtained and an Officer returns to work es s for the next six months (180 days) of employme id every time you file. If it is not completed, withhor al status. after discharge, by mail or email to the main office email to any of our Outport offices.
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 night/port relief work) during the period for Return Authorization. I further understand my next vacation. I hereby certify that the information co collect money fraudulently from the MEBA provisions of the Constitution, and loss of the	e MEBA Vacation Plan rules for me to work under the which I am collecting vacation benefits, unless such that the penalty for such violation will be the loss of pontained herein is accurate. I understand that if I ma Vacation Plan, I am subject to disciplinary action from benefits from the MEBA Vacation Plan.

9	Click in the application to fill in Social Security Number	
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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.

- C. d.
- Original copy of the Converted Overtime Worksheet, if applicable, regardless of whether or not you are applying for converted overtime vacation. e.
- 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 a penalty 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 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 (Street/PO Box)	address)
(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 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.

10 Click in the application to fill in Birth Date

Interior of an accumulated work performed to the date of application may

ss of vacation benefits earned on the employment not submitted.

) any periods of Unearned Wages since your last vacation. rm from the last vacation, if applicable.

verted Overtime Worksheet, if applicable, regardless of whether or not you are applying racation.

d Union Official granting permission for early return or excess sailing, if applicable.

rmission is not obtained and an Officer returns to work early, he will be subject to a penalty benefits for the next six months (180 days) of employment.

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Mail Check To (if other than permanent address) (Street/PO Box)
(City, State & Zip)
 Email Address

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nation contained herein is accurate. I understand that if I make omissions, false statements or MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the loss of benefits from the MEBA Vacation Plan.

11 Click in the ap	 d. Carry Over Vacation Form from 1 e. Original copy of the Converted O for converted overtime vacation. f. Letter from an authorized Union NOTE: If prior written permission which is loss of vacation benefits 3. The attached W-4 must be completed of "0" exemptions and "Single" marita 4. Applications can be filed individually a Baltimore, or in person or by mail or e NOTE: Failure to complete all sections processing of your claim. 	the last vacation, if applicable. Ivertime Worksheet, if applicable, regardless of whether or not you ar Official granting permission for early return or excess sailing, if applic is not obtained and an Officer returns to work early, he will be subjec for the next six months (180 days) of employment. I every time you file. If it is not completed, withholding will be made c I status. after discharge, by mail or email to the main office of the Vacation Pla email to any of our Outport offices. of this application, or include all applicable documentation may result ir
	Name (Please Print) John Doe	Social Security Number
	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 night/port relief work) during the period for Return Authorization. I further understand th my next vacation. I hereby certify that the information co collect money fraudulently from the MEBA V provisions of the Constitution, and loss of be	MEBA Vacation Plan rules for me to work under the authority of my lice which I am collecting vacation benefits, unless such work is performed u hat the penalty for such violation will be the loss of 6 months' employme ntained herein is accurate. I understand that if I make omissions, false s acation Plan, I am subject to disciplinary action from the Union in accord enefits from the MEBA Vacation Plan.
	Signature of Applic	ant Date

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

 for converted overtime vacation. f. Letter from an authorized Union Officia NOTE: If prior written permission is not which is loss of vacation benefits for th The attached W-4 must be completed every of "0" exemptions and "Single" marital statu Applications can be filed individually after di Baltimore, or in person or by mail or email to NOTE: Failure to complete all sections of this processing of your claim. 	I granting permission for early return or excess sailing, if ap obtained and an Officer returns to work early, he will be sui e next six months (180 days) of employment. y time you file. If it is not completed, withholding will be mac s. Ischarge, by mail or email to the main office of the Vacation o any of our Outport offices. application, or include all applicable documentation may resu
Name (Please Print)	Social Security Number
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)	(City, State & Zip)
Contact Number	Email Address
I understand that it is a violation of the MEBA night/port relief work) during the period for which I Return Authorization. I further understand that the my next vacation. I hereby certify that the information contained collect money fraudulently from the MEBA Vacation provisions of the Constitution, and loss of benefits	Vacation Plan rules for me to work under the authority of my am collecting vacation benefits, unless such work is perform penalty for such violation will be the loss of 6 months' employ d herein is accurate. I understand that if I make omissions, fal n Plan, I am subject to disciplinary action from the Union in ac from the MEBA Vacation Plan.
Signature of Applicant	Date

13 Click in the application to fill in contact number.

- 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.
 Applications can be filed individually after discharge, by mail or email to the main office of the Vacatic 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.

John Doe	000-00-0000
	000-00-0000
ermanent Address	Mail Check To (if other than permanent addres
sireetro box) Toor Lastern Ave	(Streev o Box)
Ity, State & ZIP Baltimore, Md 2120	(City, State & Zip)
Contact Number	Email Address
I understand that it is a violation of th night/port relief work) during the period for Return Authorization. I further understand my next vacation. I hereby certify that the information co	MEBA Vacation Plan rules for me to work under the authority which I am collecting vacation benefits, unless such work is p hat the penalty for such violation will be the loss of 6 months' mained herein is accurate. I understand that if I make omissio
I understand that it is a violation of th ight/port relief work) during the period for Return Authorization. I further understand my next vacation. I hereby certify that the information c collect money fraudulently from the MEBA irovisions of the Constitution, and loss of I	MEBA Vacation Plan rules for me to work under the authority which I am collecting vacation benefits, unless such work is pr tat the penalty for such violation will be the loss of 6 months' en tained herein is accurate. I understand that if I make omission accation Plan, I am subject to disciplinary action from the Unior mefits from the MEBA Vacation Plan.
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I understand that it is a violation of the series of the s	MEBA Vacation Plan rules for me to work under the authority of which I am collecting vacation benefits, unless such work is pe tat the penalty for such violation will be the loss of 6 months' e ntained herein is accurate. I understand that if I make omission acation Plan, I am subject to disciplinary action from the Union unefits from the MEBA Vacation Plan.

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

Name (Please Print) John Doe	Social Security Number 000-00-0000	Birth Date
Permanent Address	Mall Check To (If other than permanent	address)
(StreetPo Box) 1007 Eastern Avenue	(Street/PO Box)	
(City, State & Zip) Baltimore, MD 21202	(City, State & Zip)	
Contact Number	Email Address	
410-547-9111 I understand that it is a violation of the MEBA Vac	cation Plan rules for me to work under the auth	nority of my license (including
410-547-9111 I understand that it is a violation of the MEBA Vac night/port relief work) during the period for which I am Return Authorization. I further understand that the pen my next vacation. I hereby certify that the information contained her collect money fraudulently from the MEBA Vacation Pla provisions of the Constitution, and loss of benefits from	cation Plan rules for me to work under the auti collecting vacation benefits, unless such wor lalty for such violation will be the loss of 6 mo rein is accurate. I understand that if I make on an, I am subject to disciplinary action from the m the MEBA Vacation Plan.	nority of my license (including k is performed under an Early nths' employment credit towa nissions, false statements or Union in accordance with the
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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 germanent) (Street/PO Box) 1009 Eastern	Avenue
(City, State & ZIP) Baltimore, MD 21202	(City, State & Zip)	
Contact Number	Email Address	
410-547-9111 I understand that it is a violation of the MEBA Vaca night/port relief work) during the period for which I am of Return Authorization. I further understand that the pena	ation Plan rules for me to work under the auth collecting vacation benefits, unless such work alty for such violation will be the loss of 6 mon	ority of my license (including is performed under an Early ths' employment credit towar
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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.

IOTE: Failure to complete all sections of this application, or include all applicable documentation may res processing of your claim.	ult in delayed

Name (Please Print)	Social Security Number	Birth Date
John Doe	000-00-0000	
Permanent Address	Mail Check To (if other than permanen	nt address)
(Street/PO Box) 1007 Eastern Ave	(Street/PO Box)	
(City, State & Zip) Baltimore, Md 21202	(City, State & Zip)	
Contact Number	Email Address	
410-547-9111 I understand that it is a violation of the MEBA V night/port relief work) during the period for which I a Return Authorization. I further understand that the period wy next vacation.	acation Plan rules for me to work under the aut m collecting vacation benefits, unless such wor enalty for such violation will be the loss of 6 mo	hority of my license (including rk is performed under an Early onths' employment credit toward
410-547-9111 I understand that it is a violation of the MEBA V night/port relief work) during the period for which I a Return Authorization. I further understand that the per my next vacation. I hereby certify that the information contained h collect money fraudulently from the MEBA Vacation F provisions of the Constitution, and loss of benefits for Signature of Applicant	acation Plan rules for me to work under the aut m collecting vacation benefits, unless such woi enalty for such violation will be the loss of 6 mo ereein is accurate. I understand that if I make or Plan, I am subject to disciplinary action from the om the MEBA Vacation Plan.	hority of my license (including rk is performed under an Early enths' employment credit toward missions, false statements or a Union in accordance with the
410-547-9111 I understand that it is a violation of the MEBA V night/port relief work) during the period for which I an Return Authorization. I further understand that the period my next vacation. I further understand that the period my next vacation. I further understand that the period my next vacation of the Vacation F provisions of the Constitution, and loss of benefits for Signature of Applicant	acation Plan rules for me to work under the aut m collecting vacation benefits, unless such wor enalty for such violation will be the loss of 6 mo ererein is accurate. I understand that if I make of Plan, I am subject to disciplinary action from the om the MEBA Vacation Plan.	hority of my license (including rk is performed under an Early onths' employment credit toward missions, false statements or o Union in accordance with the

15

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 a (Street/PO Box) 1009 Eastern	^{ddress)} Avenue
(City, State & Zip) Baltimore, MD 21202	(City, State & Zip) Baltimore, MD	21202
Contact Number 410-547-9111	Email.Address. johndoe@mebaplans.or	rgl
I understand that it is a violation of the MEBA Vaca night/port relief work) during the period for which I am o Return Authorization. I further understand that the pena my next vacation. I hereby certify that the information contained here collect money fraudulently from the MEBA Vacation Plar	ation Plan rules for me to work under the author collecting vacation benefits, unless such work Ity for such violation will be the loss of 6 mont in is accurate. I understand that if I make omit I ham subject to disciplinary action from the U	rity of my license (including is performed under an Early hs' employment credit toward
provisions of the Constitution, and loss of benefits from	the MEBA Vacation Plan.	nion in accordance with the

Click in application to fill in date signed.

John Doe		000-00-0000	
Permanent Address (Street/PO Box) 1007 Eastern A	ve	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	
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my next vacation. I hereby certify that the inform collect money fraudulently from the provisions of the Constitution, and lo Signature	ation contained herein i MEBA Vacation Plan, I oss of benefits from the of Applicant	s accurate. I understand that if I make omissions, im subject to disciplinary action from the Union in MEBA Vacation Plan. Date	false statements or accordance with the
my next vacation. I hereby certify that the inform collect money fraudulently from the provisions of the Constitution, and lo Signature Baltimore	ation contained herein i MEBA Vacation Plan, I a oss of benefits from the of Applicant	s accurate. I understand that if I make omissions, m subject to disciplinary action from the Union in MEBA Vacation Plan. Date MD	false statements or accordance with the
my next vacation. I hereby certify that the inform collect money fraudulently from the provisions of the Constitution, and la Signature Baltimore Claim submitted to MEBA office in:	ation contained herein i MEBA Vacation Plan, I a oss of benefits from the of Applicant (City)	s accurate. I understand that if I make omissions, im subject to disciplinary action from the Union in MEBA Vacation Plan. Date MD (State)	false statements or accordance with the
my next vacation. I hereby certify that the inform collect money fraudulently from the provisions of the Constitution, and la Signature Baltimore Claim submitted to MEBA office in: I hereby authorize and direct y benefit payment, which sum represe pursuant to ARTICLE 15, SECTION, I hereby authorize and direct y	ation contained herein i MEBA Vacation Plan, I a oss of benefits from the e of Applicant (City) Authorization To Th ou to deduct from the va- ints a portion of the men 1 of its By-Laws. ou to pay the amount so	s accurate. I understand that if I make omissions, im subject to disciplinary action from the Union in MEBA Vacation Plan. Date MD (State) e Administrator MEBA Vacation Plan acation benefit due by this claim, 6% of the gross nbership dues or service charge payment owed to b deducted to District No. 1-MEBA.	amount of said vacatio
my next vacation. I hereby certify that the inform collect money fraudulently from the provisions of the Constitution, and la Signature Baltimore Claim submitted to MEBA office in: I hereby authorize and direct y benefit payment, which sum represe pursuant to ARTICLE 15, SECTION, I hereby authorize and direct y	ation contained herein i MEBA Vacation Plan, I a oss of benefits from the e of Applicant (City) Authorization To Th ou to deduct from the va- nts a portion of the men 1 of its By-Laws. ou to pay the amount so	s accurate. I understand that if I make omissions, im subject to disciplinary action from the Union in MEBA Vacation Plan. Date MD (State) e Administrator MEBA Vacation Plan acation benefit due by this claim, 6% of the gross nbership dues or service charge payment owed to b deducted to District No. 1-MEBA.	amount of said vacatio

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

	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
my next vacation. I hereby certify that the information contained her collect money fraudulently from the MEBA Vacation Pla provisions of the Constitution, and loss of benefits from	in is accurate. I understand that if I make on , I am subject to disciplinary action from the the MEBA Vacation Plan.
Signature of Applicant	Date

Click in the application to complete signature.

ight/port relief work) during the period for whi Return Authorization. I further understand that ny next vacation. I hereby certify that the information conta collect money fraudulently from the MEBA Vaca provisions of the Constitution, and loss of bene	ich I am collecting vacation benefits, unless such work is performed under an Early the penalty for such violation will be the loss of 6 months' employment credit toward and herein is accurate. I understand that if I make omissions, false statements or ation Plan, I am subject to disciplinary action from the Union in accordance with the effts from the MEBA Vacation Plan.
Signature of Applican	it Date
laim submitted to MEBA office in: (City)	(State)
Autho I hereby authorize and direct you to deduce benefit payment, which sum represents a portio bursuant to ARTICLE 15, SECTION, 1 of its By-1 I hereby authorize and direct you to pay th	vrization To The Administrator MEBA Vacation Plan ct from the vacation benefit due by this claim, 6% of the gross amount of said vacation on of the membership dues or service charge payment owed to District No. 1-MEBA, Laws. he amount so deducted to District No. 1-MEBA.

Click in application to fill in Date signed.

	6/12/24		
Signature of Applica	t	late	
Baltimore	MD		
Claim submitted to MEBA office in: (City)	2)	tate)	
rsuant to ARTICLE 15, SECTION, 1 of its By I hereby authorize and direct you to pay	he amount so deducted to District No. 1-MI	BA.	MEBA,
Sursuant to ARTICLE 15, SECTION, 1 of its By I hereby authorize and direct you to pay	he amount so deducted to District No. 1-Mi	BA.	MEBA,
pursuant to ARTICLE 15, SECTION, 1 of its By I hereby authorize and direct you to pay Signature of Applica NOTE, If you have direct deposit	he amount so deducted to District No. 1-M	BA.	MEBA,
pursuant to ARTICLE 15, SECTION, 1 of its By I hereby authorize and direct you to pay Signature of Applica NOTE, If you have direct deposit	he amount so deducted to District No. 1-M	BA.	MEBA,
pursuant to ARTICLE 15, SECTION, 1 of its By I hereby authorize and direct you to pay Signature of Applica NOTE, If you have direct deposit	authorization on file, it is effective unt	It he plan is notified in writing.	MEBA,
pursuant to ARTICLE 15, SECTION, 1 of its By I hereby authorize and direct you to pay Signature of Applica NOTE, If you have direct deposit	Laws. he amount so deducted to District No. 1-Mi it authorization on file, it is effective unt	BA.	MEBA,

22 Click in the application to fill in Name.

acation benefit due by this claim, 6% of abership dues or service charge payme	direct you to deduct from the represents a portion of the m CTION, 1 of its By-Laws.	I hereby authorize and benefit payment, which sum pursuant to ARTICLE 15, SE
deducted to District No. 1-MEBA. 6/12/24	direct you to pay the amount	I hereby authorize and
Date	Signature of Applicant	
n on file, it is effective until the pla	ve direct deposit authoriza	NOTE, If you have
SSN: XXX-XX-		Name:
I FOR VACATION	APPLICATIO	
m vacation pay. List the earliest v	r voyages for which you c te line and identify if perio	List in chronological order employment on a separat pay vouchers. Only disch
was FOS or ROS. Copy the inform	larges will be accepted.	
was FOS or ROS. Copy the inform ating FOS ROS From (mn	Name of Ship	Name of Company

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



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)
						2
	v				1	

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.

direct you to pay the am	ount so deducte	ed to District No	. 1-MEBA.	-
		6/12/24	l .	
Signature of Applicant			Date	
ve direct deposit autho	rization on file	e, it is effectiv	e until the plan is notified	d in writing.
		f	······	
	SSN:	xxx-xx	000 Date.	
	SSN:	xxx-xx-	0000 Date.	
	SSN:		0000 Date.	
APPLICAT	SSN:	xxx-xx	ATION PAY	
APPLICAT	SSN:	XXX-XX-	ATION PAY	t. List each period of
APPLICAT er voyages for which you te line and identify if p harges will be accepte	SSN:	XXX-XX	ATION PAY	t. List each period of n your discharge and
APPLICAT er voyages for which yu te line and identify if p harges will be accepte Name of Ship	SSN: ON FO pu claim vaca eriod was FO d. Rating	XXX-XX	Date.	t. List each period of n your discharge and 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.

XX- 000	: XXX-2	SSN		Name: John Doe
ACA	R V	ON FC	APPLICATI	List in chronological order
DS. Copy	S or RC	eriod was FC d. Rating	te line and identify if pe harges will be accepted Name of Ship	employment on a separat pay vouchers. Only disch
m davs, if	lv Retur	ied over Far	Vacation may be carri	No more than 90 days of
day your	to the ologoment	be paid prior	cation Benefits will not after your last date of c	your vacation period. Vac commence until the day a

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

C	Company Name	Ship Worked On	1A	X	
-					
1				-	
		- 20		107 100	
	your vacation period. V commence until the da	/acation Benefits will not y after your last date of c	be paid pr covered en	ior to the oppoyment	days day yo
2	request: (mark all the	at apply and fill in blanks)	17.	_	_
	Partial Vacation: pay	days of Regular Vaca	tion		My R
	carry over	days of Regular Vaca	tion		(Plan
	Partial Vacation: pay	days of Converted Ov	vertime Vaca	tion	I req
	carry over	days of Converted Ov	vertime Vaca	tion	(if late
	Pay all Vacation that is	due me.			
-	Port Relief worked wh List all Port Relief Job	le on vacation requires a s that you worked subsec	n Early Re quent to the	turn Letter e latest sa	r to be iling e

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

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

144 231	Ship Worked On	1A 2	X	1/1/20	1/31/24
	8				
				32	
Partial Vacation: nav	15 days of Regular Vaca	tion	My	Return To Work Date	will be / / .
Partial Vacation: pay arry over Partial Vacation: pay carry over	days of Regular Vaca days of Converted Ov days of Converted Ov s due me.	tion ertime Vacation ertime Vacation	(Pla I red) (if la	n will calculate carry ove quest my vacation to o ter than the day followin	r.) commence on// g your last day of covered employment)

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

hip Worked On	1A	X	1/1/20	1/31/24
			3	
	-	-	8	
	-	-		
acation may be carri tion Benefits will not ter your last date of c	ed over. I be paid p covered e	Early Return rior to the da mployment.	days, if applicable, w ay your vacation com	ill be automatically calculated nences. Vacation period can
ply and fill in blanks)	072	·	5	
_ days of Regular Vaca	tion	V	My Return To Work Date	e will be//
_ days of Regular Vaca	tion		(Plan will calculate carry ov	ar.)
_ days of Converted Ov	vertime Vac	ation	I request my vacation to	commence on//
_ days of Converted Ov	vertime Vac	ation	(if later than the day following	g your last day of covered employmen
me.				
1 vacation requires a It you worked subsec	n Early Rouguent to the	eturn Letter ne latest sail	to be submitted with t ing employment dates	his claim. shown above.
-	32 20		R /(1) 8/	
Training School plac	ea indicat	a tha data(s	v	



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 commence until the day after your last date of covered employ.	the day your ment.
I request: (mark all that apply and fill in blanks)	
Partial Vacation: pay <u>15</u> days of Regular Vacation	My Retu
carry over days of Regular Vacation	(Plan will
Partial Vacation: pay days of Converted Overtime Vacation	I reques
carry over days of Converted Overtime Vacation	(if later th
Pay all Vacation that is due me.	
If you attended the MEBA Training School please indicate the	st sailing emp date(s):
 Vacation Benefits and Disability Benefits cannot be collected for at least one day during the period of your disability. If you were from the date of hospitalization. 1 Are you now receiving or have you applied for disability benefits began/ to end/ and b) date you were or will be fit for the set of the set of	r the same pe hospital confi nefits: 0 1 /, date di
	your vacation period. Vacation Benefits will not be paid prior to commence until the day after your last date of covered employs I request: (mark all that apply and fill in blanks) Image: Partial Vacation: pay 15 days of Regular Vacation carry over days of Regular 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 I List all Port Relief Jobs that you worked subsequent to the late If you attended the MEBA Training School please indicate the of at least one day during the period of your disability. If you were from the date of hospitalization. 1 Are you now receiving or have you applied for disability ber If yes, indicate: a) date disability benefits began

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

Partial Vacation: pay days of Converted Overtime Vacation carry over days of Converted Overtime Vacation	
carry over days of Converted Overtime Vacation	I request
	(if later tha
Pay all Vacation that is due me.	
Port Relief worked while on vacation requires an Early Return Lette List all Port Relief Jobs that you worked subsequent to the latest sa 2/24/24, 2/26/24	to be sul iling.empl
If you attended the MEBA Training School please indicate the date	s):
Vacation Benefits and Disability Benefits cannot be collected for the at least one day during the period of your disability. If you were hos from the date of hospitalization.	same per vital confir
1 Are you now receiving or have you applied for disability benefits	: OY
If yes, indicate: a) date disability benefits began//	, date dis
to end/ and b) date you were or will be fit for du	y:/_
2 Indicate date(s) of hospitalization (if applicable): From/	_/Tc
Political Action Fund: Please deduct \$as a one-time	contributic

32 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.

inded the MEBA Training School please indicate the date(s): ienefits 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. u now receiving or have you applied for disability benefits:
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. J now receiving or have you applied for disability benefits: Indicate: a) date disability benefits began, date disability benefits are expected , date disability benefits are expected , and b) date you were or will be fit for duty: e date(s) of hospitalization (if applicable): From To
ction Fund: Please deduct \$ as a one-time contribution from this vacation check.
his 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.

	Vacation Benefits and Disability Benefits cannot be collected for the same period unless you were hospital cor at least one day during the period of your disability. If you were hospital confined, disability benefits are payabl 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 nospitalization (if applicable): From 10
	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.
-	

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

Form W-4	reasury	Em Complete Form W-4 so the	ployee's Withholding Certificate at 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.	OMB No. 1545-0074
Step 1: Enter Personal Information	(a) F Addre	irst name and middle initial	(b)	Social security number es your name match the me on your social security d'1 fl not, to ensure you get dit for your earnings, fact SSA at 800-772-1213 no to www.ssa.gov.
98	(c)	Single or Married filing sep Married filing jointly or Qua Head of household (Check o	arately lifying surviving spouse Inly if you're unmarried and pay more than half the costs of keeping up a home for yourse	f 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:
 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.

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

Form W-4 Department of the Treasury Internal Revenue Service		Emplo Complete Form W-4 so that your	омв №. 1545-0074 20 25		
Step 1: Enter Personal Information	(a) F	irst name and middle initial	Last name	(b) Social security nu Does your name mate	
	City o	e on your social security ? If not, to ensure you get t for your earnings, act SSA at 800-772-1213 to www.ssa.gov.			
	(c) (Single or Married filing separatel Married filing jointly or Qualifying Head of household (Check only if y	y surviving spouse 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.

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

Form W-4 Department of the Internal Revenue St		reasur- rice Employee's Withholding Certificat Give Form W-4 to your employer can withhold the correct federal inco- Give Form W-4 to your employer. Your withholding is subject to review by the IRS.				
Step 1:	(a) Johr	First name and middle initial Last name				
Enter Personal	Addr 100	Adress 1007 Eastern Ave				
Information	City or town, state, and ZIP code Baltimore, MD 21050					
	10	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 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more in from withholding, and when to use the estimator at www.irs.gov/W4App,				
Complete St claim exemp	teps 2	2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for mo om withholding, and when to use the estimator at www.irs.gov/W4App,				
Complete St claim exemp Step 2:	teps 2 tion fro	2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for mo om withholding, and when to use the estimator at www.irs.gov/W4App. Complete this step if you (1) hold more than one job at a time, or (2) are ma also works. The correct amount of withholding depends on income earned				
Complete Si claim exemp Step 2: Multiple Jo or Spouse	teps 2 tion fro	2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for mo om withholding, and when to use the estimator at www.irs.gov/W4App. Complete this step if you (1) hold more than one job at a time, or (2) are ma also works. The correct amount of withholding depends on income earned Do only one of the following.				
Complete St claim exemp Step 2: Multiple Jo or Spouse Works	teps 2 tion fro	 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for moon withholding, and when to use the estimator at www.irs.gov/W4App. Complete this step if you (1) hold more than one job at a time, or (2) are main also works. The correct amount of withholding depends on income earned Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholdin or your spouse have self-employment income, use this option; or 				
Complete St claim exemp Step 2: Multiple Jo or Spouse Works	tion fro	 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for momentation of the step in you (1) hold more than one job at a time, or (2) are mained as oworks. The correct amount of withholding depends on income earned Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholdin 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 				

Click in the W-4 to complete Step 2 if applicable.

rviving spouse re unmarried and pay more than half the costs of keeping up a home for your	self an	d a qualifying Individ
herwise, skip to Step 5. See page 2 for more information the estimator at www.irs.gov/W4App.	on ea	ach step, who c
Id more than one job at a time, or (2) are married filing join it of withholding depends on income earned from all of the	tly and se job	d your spouse >s.
rs.gov/W4App for most accurate withholding for this step (nployment income, use this option; or	and S	Steps 3–4). If yo
(sheet on page 3 and enter the result in Step 4(c) below; or	r	
 indi, you may check this box. Do the same on Form W-4 too curate than (b) if pay at the lower paying job is more than h ise, (b) is more accurate in these jobs. Leave those steps blank for the other jobs is Form W-4 for the highest paying job.) 	alf of	the pay at the
0,000 or less (\$400,000 or less if married filing jointly):	1	
r dependents by \$500		
allfying children and other dependents. You may add to edits. Enter the total here	3	\$
jobs). If you want tax withheld for other income you have withholding, enter the amount of other income here. lividends, and retirement income	4 (a)	\$
to claim deductions other than the standard deduction and		

38 Click in the W-4 to fill in Steps 3 if applicable and steps 4a, 4b and 4c if applicable.

e self-employment income, use this option; or	(and S	teps 3-4). If you
bs Worksheet on page 3 and enter the result in Step 4(c) below; c	or	
b jobs total, you may check this box. Do the same on Form W-4 for more accurate than (b) if pay at the lower paying job is more than Dtherwise, (b) is more accurate	or the c half of	ther job. This the pay at the
nly ONE of these jobs. Leave those steps blank for the other jobs (b) on the Form W-4 for the highest paying job.)	s. (You	r withholding will
I be \$200,000 or less (\$400,000 or less if married filing jointly):		
r of qualifying children under age 17 by \$2,000 \$		- 32
r of other dependents by \$500 \$		
e for qualifying children and other dependents. You may add to other credits. Enter the total here	3	\$
t from jobs). If you want tax withheld for other income you at won't have withholding, enter the amount of other income here. terest, dividends, and retirement income	4(a)	\$
expect to claim deductions other than the standard deduction and r withholding, use the Deductions Worksheet on page 3 and enter	4(b)	\$
	4(c)	¢

Click in the W-4 to sign.

	Greaits	Add the amounts above for qualifying children and other depe this the amount of any other credits. Enter the total here	ndents. You may add t	
	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 an 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 . 		
	(c) Decircitions. If you expect to claim dedi want to reduce your withholding, use the the result here	Inder penalties of perjury, I declare that this certificate, to the best of my know	wledge and belief, is true, (
ja na serie da ser	Employers E Only	imployer's name and address	First date of employment	
	For Privacy Act ar	nd Paperwork Reduction Act Notice, see page 3.	Cat. No. 10220Q	

40 Click in the W-4 to date.

nounts above for qualifying children and oth nount of any other credits. Enter the total here	er dependents. You may add	to 2000		
income (not from jobs). If you want tax this year that won't have withholding, enter ti ay include interest, dividends, and retirement	withheld for other income yo he amount of other income her income	ou e. . 4(a) \$	2	
tions. If you expect to claim deductions other reduce your withholding, use the Deductions ult here	than the standard deduction as Worksheet on page 3 and ent	nd er - 4(b) \$	£1.	
vithholding. Enter any additional tax you wan	t withheld each pay period .	. 4(c) \$		
perjury, I declare that this certificate, to the best of DE gnature (This form is not valid unless you sign	my knowledge and belief, is true,	correct, and complete,	2	
ind address	First date cf employment	Employer identification number (EIN)		
eduction Act Notice, see page 3.	Cat. No. 10220Q	Form W-4 (2024)		

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

		Q	⊥ @ …
ym your pay.	омв №. 1545-0074 20 25		
(b) Social security number 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.			

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

P	rint		6 pages
D	estination	Save as PDF	•
Pa	nges (All	•
Pa	ages per sheet	1	•

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

	> Last month		
🔚 Desktop	Earlier this year		E ME
🛓 Downloads	*		
Documents	*		
Pictures	*		15
🕧 Music	*		PLICAT READ INST
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Hide Folders		Save	Cancel Ing any periods
		e. Ori for	ginal copy of the Converted Overtin converted overtime vacation.

44 Click "Save"

	MEBA VACATION PLAN
	1007 EASTERN AVENUE, BALTIMORE, ME
	PLICATION FOR VACAT READ INSTRUCTIONS CAREFULLY BEFOR
tion Doe 0000	ck portion of this application, including all required s nust accompany the application: tion of last vacation benefit check.
	Save Cancel bmit proof of all accumulated work performed to loss of vacation benefits earned on the employin and any periods of Unearned Wages since your I or from the last vacation, if applicable, regardl for converted overtime vacation. f. Letter from an authorized Union Official granting permission for early retu NOTE: If prior written permission is not obtained and an Officer returns to which is loss of vacation benefits for the next six months (180 days) of en 3. The attached W-4 must be completed every time you file. If it is not complete
	of "0" exemptions and "Single" marital status. 4. Applications can be filed individually after discharge, by mail or email to the m 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 processing of your claim.

22







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

	То	vacation@mebaplans.org
Send	Cc	
	Subject	
5		
• 1		

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

	То	vacation@mebaplans.org
Send	Cc	
	Subject	DOE 0000
l		
201		

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.

Paste 🗳	A Basic Text ~	Names V	lnclude v	Attach File via Link ~ Adobe Acrobat	Loop Components ~ Collaborate
) Send	To	Y	U Attach File ~	Link Signatur	e
	Subje	ect D	Attach Attach	File a file to this item	

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

	То	vacation@mebaplans.org
Send	Cc	
	Subject	DOE 0000
Appl III 4 ME	ication VP.pdf	
Hello,		
Please review Thank you.	w my vacatior	application, discharges, pay vouchers, early return, and other supporting documents attached.