

## SEAFARERS VACATION APPLICATION PLEASE PRINT



Date of application / Month Day Yes	Port of app	lication			
Social Security Number	Da	ate of Birth	Month Day	Year	
Name			Home Phone (	)	
Permanent Address for Mail		reet			
City Stat	e Zip	<u> </u>	Book l	Number	
<b>Important:</b> Federal withholding to n your behalf.	tax of 20% will be withhel	d from your	vacation benefit pa	ayment and wil	l be remitted to the IR
Are you currently sailing or assigned to	a vessel on the date of the	is application	? CHECK ONE:		
No, I am 'on the beach".	Yes, I am	currently wor	rking for		
ELIGIBILITY – At least 60 days accucheck stubs must be less than 15 month					
	DO NOT WRI	ΓΕ IN GRAY A	AREA		
Vessel/ Company		Rating			
Employed From	То				
Vessel/ Company		Rating			
Employed From	То				
Vessel/ Company		Rating			
Employed From	То				
Vessel/ Company		Rating			
Employed From	То				
Vessel/ Company		Rating			
Employed From	То				
Verified by:Union Represe	ntative				

Your Vacation Benefits are very important to you. The SIU wants you to get your benefits as soon as possible after you have filled out your application. So please take care to fill out the application *clearly* and *completely*.

## **BENEFICIARY SECTION**

LIST SPOUSE AND D	EPENDENTS' NAMES	RELATIONSHIP TO MEMI	BER	DATE OF BIRTH			
1.							
last, first, n	niddle						
3.							
4.			_				
Name of Beneficiary		Relation	onship				
Address of Beneficiary	Unrela						
		Maxin	Maximum Death Benefits				
Check here if your	heneficiary has changed						
				all benefits provided now or at any ge of other and further changes.			
			_	_			
MEMBER'S SIGNATURE			DATE S	SIGNED			
WITNESS' SIGNATURE _							
WITNESS' ADDRESS	Oti	her than beneficiary					
	Street	City	State	Zip Code			
Vorking Dues Authorization		5	Seafarers Va	cation Plan			
North America, Atlantic, Gulf, Lakes Jnion.  This agreement, assignment, author the termination date of the collective by	& Inland Waters District/NMU i ization and direction shall become argaining agreement covering muning agreement, whichever is ea	in accordance with invoices submitted the operative on the day hereof and shall y employment, whichever occurs sooned trilier, unless and until upon or before the	not be revocer, and to be	onstitution to the Seafarers International Union of ch Union and to remit the same monthly to such able for a period of more than one year or beyond renewed for successive periods of one year or the or to any such anniversary date I give you and the			
I agree to hold you harmless for any	payments you may make to the U	Union pursuant to this agreement, upon	the invoices	submitted to you by the Union.			
Member's Signature		Date _					
SPAD Authorization		Sea	afarers Vaca	tion Plan			
		quired to be made by you to me for vac and to pay and transfer such amounts to		and at the time of such payments, a sum equal to Auth Way, Camp Springs, MD 20746.			
In addition to the above \$.50 daily lso would like to contribute an extra d		the critical need for legislative and poli	tical activitie	s to help preserve the U.Sflag merchant fleet, I			
Please place a check mark next to coluntary additional daily contribution		\$.50 \$1.00 \$	\$1.50	\$2.00 or write in your own amount of a			
		n notice by certified mail is given by monly to vacation benefits both earned an		evocation of this authorization, in which event the me thereafter.			
ontributions and expenditures for ca ontributions, including this authoriza uthorization and that the specified am	ndidates seeking political office tion, without fear of reprisal. I re ount herein provided is to minimi or contributions constitutes my ve	and solicits and accepts only volunta may contribute directly to SPAD such ize administrative responsibilities and co	ry contribution amounts as losts consister	nion to engage in political activities and to make ons, and I have the right to refuse to make any may voluntary determine in lieu of signing this at with the facilitation for the making of voluntary the Federal Election Commission and is available			
Member's Signature		Da	ite				
Contributions or sifts to SPAD are not	4 1 . 1 4 <sup>1</sup> 1.1 .						