



SEAFARERS VACATION APPLICATION

PLEASE PRINT



Date of application / / Port of application _____
Month Day Year

Social Security Number - - Date of Birth / /
Month Day Year

Name _____ Home Phone () _____

Permanent Address for Mail _____
Street

_____ Book Number _____
City State Zip

Important: Federal withholding tax of 20% will be withheld from your vacation benefit payment and will be remitted to the IRS on your behalf.

Are you currently sailing or assigned to a vessel on the date of this application? CHECK ONE:
 _____ No, I am 'on the beach'. _____ Yes, I am currently working for _____

ELIGIBILITY – At least 60 days accumulated seetime/boat time before making application. All dates of discharge, pay vouchers or check stubs must be less than 15 months old. Attach a photostatic copy of all discharges, pay vouchers or check stubs.

DO NOT WRITE IN GRAY AREA

Vessel/ Company		Rating		
--------------------	--	--------	--	--

Employed From _____ To _____

Vessel/ Company		Rating		
--------------------	--	--------	--	--

Employed From _____ To _____

Vessel/ Company		Rating		
--------------------	--	--------	--	--

Employed From _____ To _____

Vessel/ Company		Rating		
--------------------	--	--------	--	--

Employed From _____ To _____

Vessel/ Company		Rating		
--------------------	--	--------	--	--

Employed From _____ To _____

Verified by: _____
Union Representative

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*.

FILL IN BENEFICIARY SECTION ON NEXT PAGE

