



MEMBERSHIP APPLICATION CHECKLIST OFFSHORE MEMBERSHIP GROUP **(LICENSED)**

INTERNATIONAL ORGANIZATION OF
MASTERS, MATES & PILOTS, AFL-CIO
700 Maritime Boulevard, Suite B, Linthicum Heights, MD 21090-1953
410-850-8700 Fax: 410-850-8384
www.bridgedeck.org

**Listed below are items you must bring with you to the
MM&P hiring hall to apply for membership.**

COMPLETED FORMS

1. Application for Membership
2. Employment Eligibility Verification – USCIS Form I-9
(**MM&P Port Office employee completes Page 1, Section 2 and certification**)
3. **Applicant 6½% Assignment and Authorization form**
4. Health & Welfare Co-Pay form
5. Letter to Commandant, US Coast Guard – **must be notarized.**
Note: Some port offices have Notary capabilities – please call to verify.
6. Masters, Mates & Pilots Plans – Permanent Data form
7. Masters, Mates & Pilots Plans – IRAP/401(k) Beneficiary Designation form
8. Masters, Mates & Pilots Plans – Individual Retirement Account Plan
Beneficiary Designation form

DOCUMENTS

1. Passport
2. Driver's License
3. Checkbook or credit/debit card to pay dues/initiation fees
4. Name, address and Social Security number of your beneficiary(ies)
5. Two current passport size photos
6. US Merchant Mariner Credential (MMC)
OR
USCG License – **and**
GMDSS certification – **and**
Merchant Mariner Document (Z-Card) – **and**
STCW form
7. TWIC Card
8. **ORIGINALS** of all training documents



APPLICATION FOR MEMBERSHIP
INTERNATIONAL ORGANIZATION OF
MASTERS, MATES & PILOTS, AFL-CIO

700 Maritime Boulevard, Suite B, Linthicum Heights, MD 21090-1953
410-850-8700 Fax: 410-850-8384
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**FURNISH 2
PASSPORT
SIZE (2" x 2")
PHOTOS**

Application Date: ____/____/____

Port Office: _____

I hereby make application for membership within the **OFFSHORE MEMBERSHIP GROUP** as an:

☐

LICENSED OFFICER

☐

UNLICENSED MARINER

☐

ADMINISTRATIVE/SHORESIDE

Name: _____ SS#: _____
Last First MI

Phone (H): _____ Phone (C): _____

E-Mail: _____

Address: _____
Street Apt.

City

State

Zip

CENSUS DATA

Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other ☐ Prefer Not to Respond

Race: ☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ American Indian/Alaska Native
☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other ☐ Prefer Not to Respond

EMERGENCY CONTACT INFO

Emergency Contact: _____ Relationship: _____
Last First MI

Address: _____
Street City State Zip Phone

MARITIME EDUCATION

Maritime School(s) Attended (if any): _____

Merchant Mariner's Document/Credential No.: _____

License Rating: _____ Year Issued.: _____ Pilotage: ☐ Yes ☐ No Engineer: ☐ Steam ☐ Motor

Endorsements: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION FORM

Security Clearance: ☐ Yes ☐ No Expiration Date: ____/____/____ Level: _____

Additional Qualifications: (teaching credentials, maritime field shoreside, etc.)

EMPLOYMENT RECORD (please list last employer first)

Dates of Employment	Name & Address of Employer	Salary	Position	Reason for Leaving

Were you, or are you now, a member or applicant of any other union(s)? ☐ Yes ☐ No

If yes, which union: _____ No. of Years: _____

If accepted as an MM&P applicant, I agree to be governed by the MM&P International Constitution and the Work Rules and/or Shipping Rules of the membership group with which I am affiliated.

I agree to pay the necessary service fees (dues/assessments/initiation) and acknowledge that if I fail to meet my financial obligations to MM&P or violate its rules or contracts, I may lose my status as an applicant and become ineligible for membership.

I understand that I will not be considered for membership in any MM&P membership group until I have tendered my full initiation fee along with all required dues and assessments. If rejected by the General Executive Board or if I voluntarily leave MM&P, a prorated portion of my initiation fee may be refunded, but not the dues or the assessments paid.

I pledge to carry out my duties and obligations and to uphold and advocate the objectives of MM&P and to treat all MM&P members with respect and consideration. I also hereby designate MM&P to act as my exclusive representative to bargain with my employer for wages and terms and conditions of employment.

I authorize the investigation of all statements contained in this application and understand that the presentation of false or misleading information on this application may be grounds for voiding the application and/or denying an individual any privileges or membership in MM&P. I understand that it is my obligation to report to MM&P any matter which would affect or change any information contained in this application.

Signed: _____
Applicant for Membership

Witness: _____
MM&P Representative

Date: ____/____/____

Date: ____/____/____

Witness: _____
Printed Name



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div><div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div><div>(1) The same name as the passport; and</div><div>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</div></div></div></div><div>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</div></div>		<div>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</div> <div>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div><div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div> <div>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</div> <div>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	



APPLICANT 6½% ASSIGNMENT AND AUTHORIZATION

INTERNATIONAL ORGANIZATION OF
MASTERS, MATES & PILOTS, AFL-CIO
700 Maritime Boulevard, Suite B, Linthicum Heights, MD 21090-1953
410-850-8700 Fax: 410-850-8384
www.bridgedeck.org

Name: _____ SSN: _____

Address: _____

Phone: (H) _____ (C) _____

E-Mail: _____

TO: Masters, Mates & Pilots Vacation Plan

I hereby assign to the International Organization of Masters, Mates & Pilots (MM&P), and you are hereby authorized and directed to deduct from each vacation payment due me, the current dues and or service fees of six and one-half (6½%) percent the gross amount of all vacation payments paid for work performed on MM&P contract vessels with a minimum payment dues of one hundred twenty-five (\$125.00) dollars per quarter. The amount so deducted shall be paid directly to MM&P. This Assignment and Authorization shall be irrevocable for the term of the Collective Bargaining Agreement between the Companies and MM&P and shall be automatically renewed and shall be irrevocable for successive periods of each succeeding Collective Bargaining Agreement between the Administrator of the MM&P Vacation Plan and the MM&P, not more than ten (10) days prior to the expiration of each successive Collective Bargaining Agreement.

In addition to the foregoing, I hereby assign to MM&P and you are hereby authorized and directed to deduct from future vacation payments an amount equivalent to twenty-five (25%) percent of the gross amount of the vacation payment being paid. I reserve the right to authorize and direct an amount greater than twenty-five (25%) percent to be deducted for initiation fee. All future vacation payments will include a similar deduction until the initiation fee has been fully satisfied. In the event that vacation benefits are being paid for the three hundred sixtieth (360th) day of seagoing employment, or later, and the full initiation fee has not been paid, you are authorized directed to deduct from this vacation payment, whatever amount is necessary to fully satisfy the initiation fee requirement. The amounts so deducted shall be paid directly to MM&P. This Assignment and Authorization shall remain in force as to such Initiation until payment of the entire aforesaid initiation fee balance has been paid.

Signature of Applicant: _____ Date: _____

Date of Registration: _____ Port of Registration: _____

Union Representative: _____ Title: _____

Port: _____



INTERNATIONAL ORGANIZATION OF
MASTERS, MATES & PILOTS, AFL-CIO
700 Maritime Boulevard, Suite B, Linthicum Heights, MD 2109
410-850-8700 Fax: 410-850-8384
www.bridgedeck.org

**HEALTH & WELFARE CO-PAY
ASSIGNMENT AND AUTHORIZATION**

Name: _____ SS#: _____
Last First MI

Phone (H): _____ Phone (C): _____

E-Mail: _____

Address: _____
Street Apt.
City State Zip

TO: Masters, Mates & Pilots Health & Benefit Plan

When employed by any Company that is a signatory to a Collective Bargaining Agreement with the International Organization of Masters, Mates & Pilots (MM&P) and that is also signatory to the Trust of the MM&P Health and Benefit Plan, hereby authorize such Company to deduct the appropriate percentage my total earnings, based on the schedule below, including vacation pay and port relief pay that is paid to me directly by the Company, and to remit such monies on my behalf to the MM&P Health and Benefit Plan. To the extent that the above-referenced Company is also a signatory to the Trust of the MM&P, I hereby authorize MM&P to deduct the appropriate percentage my total earnings, based on the schedule below and to remit such monies to the MM&P Health and Benefit Plan.

- (a) effective January 1, 2024, one point seven five percent (1.75%).
- (b) effective January 1, 2025, two percent (2.0%).

I understand and agree that the monies deducted from my total earnings, including vacation pay and port relief pay, are mandatory contributions, and that this Authorization and Assignment is a condition of my employment with the Company. These contributions will be deducted on a "pre-tax" basis from my wages and will not be subject to federal and/or state withholding taxes. I further understand and agree that this Authorization and Assignment shall remain in full force and effect unless and until the requirement for the payment of mandatory contributions is changed by the Board of Trustees of the MM&P Health and Benefit Plan.

Signed: _____ Date: _____

Date _____

Commandant (MVP)
US Coast Guard
Washington, DC 20226

Dear Madame or Sir:

This serves as authorization to release to the International Organization of Masters, Mates & Pilots and/or the MM&P Pension Plan any information which you may have regarding my record of sea service, past, present and future. I hereby agree that a copy of this record may serve as an original.

Very truly yours,

(Signature)

Printed Name

S.S. #: _____

Address City State ZIP

NOTARY:

STATE OF _____

COUNTY OF _____

On this _____ day of _____ in the year _____ before me personally
came _____, known to me to be the
individual described in, and who executed the foregoing instrument, and duly acknowledged to
me that he executed the same.

MASTERS, MATES AND PILOTS PLANS
700 Maritime Boulevard, Suite A
LINTHICUM HEIGHTS, MARYLAND 21090-1996

ADMINISTRATOR

Patrick McCullough

PERMANENT DATA FORM

TELEPHONE
(410) 850-8500

TELEFAX
(410) 850-8655

EMAIL
Planoffice@mmppplans.com

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS NUMBER & STREET CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER HOME PHONE/ WORK PHONE DATE OF BIRTH

Membership Group (Check One) Active Offshore ☐ Pensioner ☐ PMR/U.I.G. ☐ Pilot ☐
Offshore Administrative/Office/School ☐ Other ☐

Email Address: _____

Dental benefits are provided under the Plan at no additional premium; however, you may opt out by checking this box. ☐

MARITAL STATUS (CHECK ONE): Single ☐ Married* ☐ Divorced* ☐ Legally Separated* ☐

* Please review instructions for completing forms

LIST BELOW YOUR LEGAL DEPENDENTS

DEPENDENT'S FULL NAME	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH MONTH/DAY/YEAR

Name of Beneficiary: _____

Full Given Name Relationship to Employee

Beneficiary's SS#: _____ Date of Birth: _____

Address of Beneficiary
PLEASE PRINT Number & Street City State Zip Code

Beneficiary Signature _____ Date _____

Participant Signature _____ Date _____

Witness Signature _____ Date _____

SOMEONE OTHER THAN BENEFICIARY

Witness Address
Number & Street City State Zip Code

FORM NOT VALID UNLESS IT HAS BEEN SIGNED, WITNESSED, AND FILED WITH THE MM&P PLANS OFFICE.

Instructions for Completing Permanent Data Forms

You must complete a Permanent Data Form if you are a new Participant, if you are adding a Dependent, if your marital status changes, or if your dependent's eligibility status changes.

The following documents must be included with your completed Permanent Data Form:

Married

- If you are married — a copy of your marriage certificate.
- If you are divorced or legally separated — a copy of your decree.

Children

- Biological children — a copy of each child's birth certificate.
- Adopted children — a copy of each child's adoption papers and birth certificate.
- Stepchildren — a copy of each child's birth certificate, a copy of your most recent IRS tax filing, a copy of that part of your spouse's divorce decree that assigns responsibility for the stepchild's medical care.
- Legal Guardianship — a copy of each child's birth certificate, proof of legal custody awarded by a court or state agency, a copy of your most recent IRS tax filing. (Additional documentation may be required.)

Dependent Parents

- Dependent Parents — a copy of your most recent IRS tax filing as proof that you claim your parent as a dependent on your tax return. You will be required to provide proof of support of your parent(s) annually.

Your parent(s) may be covered as a dependent only if:

1. you do not have a spouse, you do not have natural or adopted children, or appointed legal guardianship for a child under the age of 26.
2. you claim your parent as a dependent on your IRS tax return, and you submit a copy of your most recent IRS tax filing as proof of support.

Additional Requirements for Adult Children (over age 18)

Biological and Adopted Children Age 19 - 26

- Your biological, adopted adult children, stepchildren, and each child you have been named the legal guardian by court order, under the age of 26 may be covered as a dependent provided you complete the Coordination of Benefits Form for Eligible Adult Children Age 19-26.

Important

- Notification Requirements
You must request an enrollment form from the Plan Office in writing within 60 days of an event calling for the addition of a Dependent (i.e. birth of a child, adoption of a child, named legal guardian of a child, result of marriage, or loss of other group health insurance).
- Change in Marital Status
If you are married and become divorced or legally separated, submit a copy of the agreement with your Permanent Data Card.
- Address changes must be in writing to the Plan Office.

ADMINISTRATOR

Patrick McCullough

700 Maritime Boulevard, Suite A
LINTHICUM HEIGHTS, MARYLAND 21090-1996

TELEPHONE
410-850-8500

FAX:
410-850-8655

EMAIL
PlanOffice@mmplans.com

**IRAP/401(k)
BENEFICIARY DESIGNATION FORM**

Name: _____
Last Name First Name Middle Initial

SSN: _____ E-Mail: _____

Phone: (H) _____ (C) _____

Address: _____

City State Zipcode

Membership Group: ☐ Offshore ☐ Pilots ☐ UIG ☐ FEMG

Marital Status: ☐ Married ☐ Widowed ☐ Divorced* ☐ Legally Separated* ☐ Single

*If this box is checked, submit necessary documentation.

I revoke all previous beneficiary nominations and make the following nomination with respect to all benefits provided now or at any time in the future under the MM&P IRAP/401(k) Arrangement, still reserving to myself the privilege of other and further changes.

Your Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Address: _____

City State Zipcode

BENEFICIARY

Federal law requires that if you are a married participant, you must designate your spouse as beneficiary.

Name of Beneficiary: _____ Relationship: _____

Signature of Beneficiary: _____ Date: _____

Beneficiary SSN: _____ Date of Birth: _____

Address: _____

City State Zipcode

MASTERS, MATES AND PILOTS PLANS

700 Maritime Boulevard, Suite A
LINTHICUM HEIGHTS, MARYLAND 21090-1996

ADMINISTRATOR

Patrick McCullough

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PlanOffice@mmplans.com

INDIVIDUAL RETIREMENT ACCOUNT PLAN BENEFICIARY DESIGNATION FORM

Name: _____
Last Name First Name Middle Initial

SSN: _____ E-Mail: _____

Phone: (H) _____ (C) _____

Address: _____

City State Zipcode

Membership Group: ☐ Offshore ☐ Pilots ☐ UIG ☐ FEMG

Marital Status: ☐ Married ☐ Widowed ☐ Divorced* ☐ Legally Separated* ☐ Single

*If this box is checked, submit necessary documentation.

I revoke all previous designations and make the following designation with respect to all benefits provided now or at any time in the future under the MM&P Individual Retirement Account Plan, still reserving to myself the privilege of future changes.

I understand that pursuant to the Retirement Equity Act, 50% of the vested portion of my IRAP account balance will automatically be paid to my Surviving Spouse. This is so even if I designate someone other than my Spouse to receive my IRAP account balance if I die before it is paid to me, unless proper Waiver of Spousal Benefits is on file with the Plan Office.

If you require the above mentioned Waiver, or information concerning other Plan provisions, contact the Plan office.

Your Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Address: _____

City State Zipcode

BENEFICIARY

Name of Beneficiary: _____ Relationship: _____

Beneficiary SSN: _____ Date of Birth: _____

Address: _____

City State Zipcode

Signature of Beneficiary: _____ Date: _____