MASTERS, MATES, AND PILOTS PLANS

EXECUTIVE DIRECTOR

KENNETH T. RYAN

700 Maritime Boulevard, Suite A
Linthicum Heights, MD 21090-1996

EMAIL
PLANOFFICE@MMPPLANS.COM

TELEPHONE
(410) 850-8500

TELEFAX
(410)850-8655

APPLICATION FOR MM&P LICENSE INSURANCE

NAME: _____
Last First Middle Initial

ADDRESS: _____
Number & Street City State Zip Code

DATE OF BIRTH: _____ AGE:_____ SOCIAL SECURITY NO_____

Contact Telephone No: Daytime _____ Nighttime _____
(area code) (area code)

License: Grade, Number, Issue, Description of Endorsement: _____
_____
_____

IMPORTANT NOTICE

A description of eligibility requirements, coverage, benefits and exclusions under the License Insurance Program is set forth in Article IV, Park K of the Rules and Regulations of the MM&P Health and Benefit Plan. The terms of that Article control with respect to all questions concerning this application, coverage and benefits.

ELIGIBILITY, COVERAGE AND BENEFITS

1. In order to be eligible to participate in the License Insurance Program, you must be eligible to serve in "Covered Employment" as defined in Article 1, Section 12 of the MM&P Health and Benefit Plan Rules and Regulations which reads as follows: "The term "Covered Employment" shall mean employment or membership for which an Employer is obligated to or does contribute to the MM&P Health and Benefit Plan" on the date you sign this application and pay your premium. To maintain coverage, you must remain eligible to serve in Covered Employment during the policy period, although you need not actually be serving in Covered Employment for coverage to be effective.
2. Coverage will take effect on the first day of month which immediately follows the Plan's receipt and acceptance of your application and premium payment, and it is renewed annually.
3. Coverage is limited to incidents arising during Covered Employment aboard oceangoing vessels of 1,000 gross tons or over; or in the case of Pacific Maritime Region employees, working as a pilot on US flagged vessels as required by 46 USC 8502(a), or employed aboard ferries, tugs and barges; or, in the case of Great Lakes and Gulf Region employees, working as a pilot on US flagged vessels as required by 46 USC 8502(a), working as state licensed docking pilots, or employed aboard ferries, tugs and barges.
4. Except to the extent provided in 3. above, coverage is not provided for a person serving in the capacity of Pilot or performing pilotage duties in U.S. waters where pilots are available but not utilized by the vessel.
5. Coverage under the License Insurance Program is secondary to any other coverage and will not be provided where coverage from any other source is applicable.
6. A "Safe-Mariner" rate is provided (10% reduction of the standard rate) if:
   (A) during the five-year period preceding the effective date of coverage, no administrative charges have been brought against you by the United States Coast Guard for suspension or revocation of your license and

   (B) during the five-year period preceding the effective date of coverage, you have successfully completed one of the following courses at the Maritime Institute of Technology and Graduate Studies: the Basic, Advanced, or Emergency Shiphandling Course; the Automatic Radar Plotting Aids Course; the Radar Observer Course; the Electronic Chart Display and Information System Course; or any other course authorized by the Trustees in the future.

ANNUAL PREMIUM

Your loss of earning coverage is based on the amount of premium that you pay, as described on the reverse side. The amount of the premium is also keyed to shipboard officer ratings. You should apply for coverage in the highest rating in which it is expected that you will serve during the policy period. IF YOU OBTAIN COVERED EMPLOYMENT IN A HIGHER OFFICER CAPACITY THAN CHOSEN, YOUR COVERAGE WILL BE SUSPENDED DURING SUCH PERIOD OF EMPLOYMENT. In order to be eligible for the "Safe Mariner" rate, you must meet the conditions required for such rate and complete the application on the reverse side.

ANNUAL PREMIUM RATE

Grade	Amount Monthly Wages Insured	Annual Premium	Safe Mariner Premium
Master or Chief Engineer	$10,000	$325.00	$292.50
Chief Officer or1st Asst. Engineer	$9,000	$157.50	$141.74
2nd Officer or 2nd Asst. Engineer	$7,000	$115.50	$103.94
3rd Officer or 3rd Asst. Engineer	$6,000	$99.00	$89.10

IF YOU ARE APPLYING FOR THE "SAFE MARINER" RATE, PLEASE COMPLETE THE FOLLOWING "SAFE MARINER" RATE APPLICATION

1. During the past five-year period, no administrative charges have been brought by the U.S. Coast Guard seeking suspension or revocation of my License. The most recent charges against my License were brought by the Coast Guard on _____ (Set forth the month and year. If no such charges have been brought, write "None".)

2. (Applicable only for Licensed Officer coverage) During the past five-year period, I have successfully completed the following courses at MITAGS in _____ (Set forth the month and year):

☐ Basic Shiphandling ☐ Advanced Shiphandling ☐ Emergency Shiphandling
☐ Automatic Radar Plotting Aids ☐ Radar Observer ☐ Electronic Chart Display and Information System

READ CAREFULLY, FILL IN AMOUNT ENCLOSED, SIGN AND DATE BELOW

I understand that the terms of the M.M.&P. Health and Benefit Plan Rules and Regulations for the License Insurance Program control in all cases and that questions must be decided under these documents. I further understand that coverage takes effect on the first day of the month following the Plan's receipt and acceptance of the premium payment and this application. I further understand that any misrepresentation made by me in applying for the "Safe Mariner" rate will void all coverage under the License Insurance Program.

Enclosed is my confirmation of payment from the MM&P Plan Member Portal: https://members.mmpplans.com/ or my check in the amount of $_____ made payable to the "M.M.&P. Health and Benefit Plan" for the payment of the annual premium for the coverage I selected as well as the signed authorization for the U.S. Coast Guard to release my sea service records and records of administrative charges.

Please return applications with the payment confirmation from the MM&P Plan Member Portal via email to: PlanOffice@mmpplans.com, or

Please return applications with checks to: MM&P Trust Department,
700 Maritime Boulevard, Suite A,
Linthicum Heights, MD 21090-1996

Signature _____ Dated _____
Must Be Signed by Officer

I HEREBY CERTIFY THAT THE OFFICER WHO HAS COMPLETED THIS APPLICATION IS CURRENTLY IN GOOD STANDING WITH THE ORGANIZATION.

_____ _____ _____
DATE SIGNATURE OF UNION OFFICIAL PORT

AUTHORIZATION FOR RELEASE OF SEA SERVICE
RECORDS AND RECORDS OF ADMINISTRATIVE CHARGES

Date _____

Commandant (MVP)
U.S. Coast Guard
Washington, DC 20226

Gentlemen:

This will be your authorization to release to the Masters, Mates and Pilots Health and Benefit Plan any information which you may have regarding my record of sea service, past, present and future, together with the records, if any, of administrative charges brought by the Coast Guard seeking suspension or revocation of my license. I hereby agree that a photostatic copy of this authorization may serve as an original.

Very truly yours,

_____
(Signature)

Name: _____

SS#: _____

MMC Document #: _____