

# SEAFARERS PENSION APPLICATION

## Seafarers Pension Plan

5201 Auth Way  
Camp Springs, Maryland 20746-4275  
(301) 899-0675

Participant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: ( ) Married ( ) Divorced ( ) Single ( ) Widow(er)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

*Spouse Information, If Applicable:*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (If different from member): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

First and Last Dates of Employment: First \_\_\_\_\_ Last \_\_\_\_\_

Union Book #: \_\_\_\_\_ Previous NMU Participant: ( ) Yes ( ) No

Other Union or Plan Affiliation: \_\_\_\_\_

**CHECK PENSION TYPE DESIRED**

**ELIGIBILITY REQUIREMENTS**

<input type="checkbox"/> <b>REGULAR NORMAL</b>	<ul style="list-style-type: none"> <li>• Age 65 (Deep Sea); Age 62 (Inland)</li> <li>• At least 5,475 days of employment service</li> </ul>
<input type="checkbox"/> <b>DEFERRED VESTED</b>	<ul style="list-style-type: none"> <li>• Age 65 (Deep Sea); Age 62 (Inland)</li> <li>• Less than 5,475 days of employment service</li> <li>• 10 years of vesting service prior to 1999 or 5 years of vesting service after 1999</li> </ul>
<input type="checkbox"/> <b>EARLY NORMAL</b> <i>Note:</i> To qualify for the Early Normal Pension Supplement you must have credit for at least 730 days of employment service after meeting all of the requirements (both age and service) for an Early Normal Pension	<ul style="list-style-type: none"> <li>• Age 55</li> <li>• At least 7,300 days of employment service</li> <li>• At least 125 days of employment service in the year prior to applying for pension</li> </ul>
<input type="checkbox"/> <b>SPECIAL EARLY NORMAL</b>	<ul style="list-style-type: none"> <li>• Age 55</li> <li>• At least 7,300 days of actual employment service</li> <li>• Withdrew completely from industry before reaching age 55</li> </ul>
<input type="checkbox"/> <b>DISABILITY</b> <i>Date Disability Began</i> _____	<ul style="list-style-type: none"> <li>• At Any Age</li> <li>• At least 4,380 days of employment service <u>with at least 125 days of this service in the year before applying for pension</u></li> <li>• Must submit a Social Security Disability Award Letter</li> <li>• Must submit a 'Permanently Not Fit For Duty' physician's statement</li> </ul>
<b>SURVIVOR'S PENSION -- Please contact Plan Office to request a Surviving Spouse Pension Application</b>	<ul style="list-style-type: none"> <li>• Deceased participant must be either eligible (at date of death or in the future) for or was receiving a J&amp;S Annuity under one of the pension types indicated above.</li> </ul>

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Signature of Union Representative)

Date: \_\_\_\_\_ Port: \_\_\_\_\_

**\*\*\*\*\*IF YOUR SIGNATURE IS NOT VERIFIED BY REPRESENTATIVE, IT MUST BE NOTARIZED BY A NOTARY PUBLIC\*\*\*\*\***

**The following documents must be submitted with the completed application:**

- Passport size photograph
- A copy of participant's Birth Certificate (with seal or stamp)
- A copy of participant's Social Security Card or proof of your taxpayer ID Number
- Any documents supporting military service
- Signed Retirement Declaration**  
(On Back of Application)

- If Married:**
  - A copy of spouse's Birth Certificate (with seal or stamp)
  - A copy of spouse's Social Security Card or proof of taxpayer ID Number
  - A copy of Marriage Certificate (with seal or stamp)
- If Divorced:**
  - A copy of Divorce Decree(s) and any QDRO(s)
- If Spouse is Deceased:**
  - A copy of spouse's Death Certificate (with seal or stamp)

**DO NOT FORGET TO COMPLETE THE BACK OF THIS APPLICATION**



# ***SEAFARERS PENSION PLAN***

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Camp Springs, Maryland 20746-4275  
(301) 899-0675

*Margaret R. Bowen*  
*Administrator*

## **RETIREMENT DECLARATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I am submitting my application for retirement benefits from the Seafarers Pension Plan and I declare that I will be bound by the Rules and Regulations of the Seafarers Pension Plan, including but not limited to the following:

- a) I hereby certify that as of the effective date of my pension benefit, I have withdrawn completely from any employment in the maritime industry and I have no intention to return to such employment in the future.\*
- b) I understand that the Plan Trustees have the authority to enforce the withdrawal provision contained in paragraph (a) above, and as a condition of receiving continued benefits, I will cooperate with any Plan investigation and provide copies of relevant earnings documentation or records if requested to do so.
- c) Notwithstanding paragraphs (a) and (b) above, I understand that in the event that I wish to return to maritime employment in the future, I must first request approval in writing from the Board of Trustees of the Seafarers Pension Plan.
- d) I understand that if I am receiving a Disability pension benefit that I must be totally and permanently disabled in order to be eligible to receive a disability pension from the Plan. I further understand that in the event that my condition improves and I no longer meet the criteria of being totally and permanently disabled that my benefits from the Plan may terminate. I may be required to submit to a physical examination if requested by the Plan.

**THIS IS A LEGAL DOCUMENT  
THE PLAN WILL RELY ON YOUR RETIREMENT DECLARATION  
SIGN UNDER PENALTY OF LAW**

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**Participant's Signature**

**Date**

\* The withdrawal provision does not apply to those pensioners receiving mandatory pension benefits. These are pensioners who commence their benefits on April 1<sup>st</sup> of the calendar year that follows the date they reach age 70 ½.