



# American Maritime Officers Vacation Plan

2 West Dixie Highway, Dania Beach, FL 33004

Phone: 800-348-6515 Ext 15

Fax: 954-926-7274

For AMO Vacation Plan Use Only

Received Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Mail in \_\_\_\_\_ Walk in \_\_\_\_\_

## APPLICATION FOR VACATION BENEFITS GREAT LAKES APPLICANTS

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

### SELECT METHOD OF PAYMENT:

DIRECT DEPOSIT ON FILE - payment will automatically be sent to your bank and an Explanation of Benefits (EOB) will be mailed to the permanent address on file with the Plan Office.

CHECK MAILED - if you do not have Direct Deposit on file as your method of payment, where would you like your check mailed? Print Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*If you would like to authorize Direct Deposit of your Vacation Benefits and have not previously done so, complete a "Method of Payment Authorization" form which can be downloaded from our website [www.amoplans.com](http://www.amoplans.com) or request a form by contacting the number listed above.*

### FILING PROCEDURES AND REQUIREMENTS for Members applying for Vacation Benefits:

1. Submit ALL discharges and/or ALL time sheets so that ALL employment may be verified. A current pay stub must also be submitted to ensure proper FICA tax is deducted. Pay stub must show gross YTD wages and pay period ending date.
2. The IRS requires the AMO Vacation Plan to have a completed IRS Form W-4, Employee's Withholding Allowance Certificate, on file for each employee claiming Vacation Benefits. If you have not done so, please complete the attached IRS Form W-4, and return it with the completed Vacation Application. If you do not complete Form W-4, the IRS requires the Plan to withhold taxes as if you are single with no withholding allowances. The AMO Vacation Plan will keep on record your completed W-4 Form and it will remain on file at the Plan office. It will not be necessary to complete a new W-4 Form with each Vacation Application unless your status changes or you are claiming "exempt". If you are claiming "exempt", a new W-4 Form must be completed every year.
3. The maximum number of days of covered employment which Vacation Benefits may be applied and paid is 730.
4. BE SURE TO SIGN THIS APPLICATION WHERE INDICATED OR IT CANNOT BE PROCESSED.
5. A voucher will accompany your benefit check. Be sure to check this voucher for accuracy.

Name of Company	Vessel	Rating	Dates	
			From	To

### CERTIFICATION OF INFORMATION

I hereby certify that the information contained herein is true. I understand that if I make false statements and collect money fraudulently from the American Maritime Officers Vacation Plan, the AMO Vacation Plan will take legal action against me and will offset any amounts paid from any future benefits.

I authorize my employer(s) to release to the American Maritime Officers Vacation Plan, financial information or any other information about my employment and payroll history, including, but not limited to wages and deductions from my wages such as 401(k) elective contributions.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

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

# AMERICAN MARITIME OFFICERS VACATION PLAN

2 WEST DIXIE HIGHWAY, DANIA BEACH, FL 33004

(954) 920-4247

## AUTHORIZATION

I \_\_\_\_\_ hereby authorize and direct the Administrator and Trustees of the American  
(PLEASE PRINT)

Maritime Officers Vacation Plan to deduct from vacation benefits due me the sum of \$ \_\_\_\_\_ and to forward the said amount to the American Maritime Officers Voluntary Political Action Fund. This Authorization is intended to facilitate my transfer of this amount to the American Maritime Officers Voluntary Political Action Fund and to save me the time and effort of making a separate payment.

This authorization for and contribution to the American Maritime Officers Voluntary Political Action Fund is entirely voluntary on my part and has not been obtained by physical force, job discrimination, or financial reprisal or threat thereof, but is purely a voluntary contribution on my part made of my own free will and choice. Any deduction made pursuant to my authorization shall not exceed 10% of any vacation benefit payment in total.

This Authorization may be revoked or cancelled by me at any time by writing to the Vacation Plan Office. I direct, however, that this authorization shall be effective once in each calendar year, unless otherwise revoked in writing by me, and shall be exercised the first time I claim vacation benefits subsequent to the date of this authorization, and the first time I claim vacation benefits each year thereafter provided I have not revoked this authorization.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
S.S. NUMBER

\_\_\_\_\_  
DATE

A copy of our report with the appropriate Supervisory Office is available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20462.

While contributions to American Maritime Officers Voluntary Political Action Fund are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.

**AMERICAN MARITIME OFFICERS VACATION PLAN**

2 WEST DIXIE HIGHWAY, DANIA BEACH, FL 33004

(954) 920-4247 – Telephone

(954) 926-7274 - Fax

**DEDUCTION AUTHORIZATION  
FOR  
INITIATION FEES, DUES, ASSESSMENTS AND FINES TO AMERICAN MARITIME OFFICERS**

I \_\_\_\_\_, hereby authorize and direct the American Maritime Officers Vacation Plan  
(Please Print)

to deduct from vacation benefits due to me all monies due and payable by me as initiation fees, dues, assessments and fines to American Maritime Officers. I authorize said deduction to be made from any vacation payment made to me and to be forwarded by the American Maritime Officers Vacation Plan to the American Maritime Officers at 2 West Dixie Highway, Dania Beach, Florida. <sup>1</sup>

This assignment shall be irrevocable for a period of one year from the date hereof or until the termination date of the applicable Collective Bargaining Agreement, whichever is sooner, and shall be automatically renewed from year to year after the expiration of one year from the date hereof or the expiration of the applicable Collective Bargaining Agreement whichever is sooner, unless I notify the American Maritime Officers Vacation Plan in writing prior to the expiration on any said year or any said Collective Bargaining Agreement of my intention to terminate this authorization.

Year \_\_\_\_\_

1<sup>st</sup> Qtr.    2<sup>nd</sup> Qtr    3<sup>rd</sup> Qtr    4<sup>th</sup> Qtr.

Year \_\_\_\_\_

1<sup>st</sup> Qtr.    2<sup>nd</sup> Qtr    3<sup>rd</sup> Qtr    4<sup>th</sup> Qtr.

\$ \_\_\_\_\_  
Initiation Fee

\$ \_\_\_\_\_  
Assessment(s)/Fine(s)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
S.S. Number

\_\_\_\_\_  
Date

<sup>1</sup>While Dues/Initiation fees, assessment(s) and fine(s) to the American Maritime Officers are not tax deductible for Federal income tax purposes; they may be tax deductible under other provisions of the Internal Revenue Code.