

Claim Requirements

A. Regarding information about the claimant

- ☐ Name
- ☐ Mailing address
- ☐ Legal residence address
- ☐ Date of birth
- ☐ Place of birth
- ☐ Merchant mariner license or document number
- ☐ Social Security Number

B. Circumstances describing the basis for the alleged incident

- ☐ Name of vessel where employed and incident occurred
- ☐ Location of vessel at time of incident
- ☐ Location of incident aboard vessel (if applicable)
- ☐ Time of incident: year, month, day, hour (in local time)

Narrative of the facts and circumstances surrounding the incident;

- ☐ Name(s) of person(s) who can provide factual information about incident and its consequences

C. Allocation of dollar damages claimed (the dollar amount the claim is for)

- ☐ Past loss of earnings or earning capacity
- ☐ Future loss of earnings or earning capacity
- ☐ Medical expenses paid out-of-pocket
- ☐ Pain and suffering
- ☐ Any other loss arising out of the incident

D. Medical illness or injury records

- ☐ Hospital and physicians' medical and clinical records describing illness, injury, or death
- ☐ Medical records release providing written authorization for MARAD to obtain historical medical records
- ☐ Name(s) and address(es) of hospital(s) and/or treating physician(s)
- ☐ Certificates of Discharge for current and previous two years' employment history as a seafarer
- ☐ Current and two previous calendar years of W-2, and income tax filing to show separate historical employment earnings in occupational categories as both a seafarer and non-seafarer (if any)
- ☐ Copies of medical not-fit-for-duty status reports and fit-for-duty declaration

E. Information about reshipment status and non-seafarer employment (if any) subsequent to medical medically-determined recovery from illness or injury

- ☐ Location and date of registry for reshipment
- ☐ Date of reshipment and identity of employer and vessel
- ☐ If not reshipped, and employed in a non-seaman occupation, identity of employer, salary and date employed