

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