



# STAR Center

## Simulation, Training, Assessment & Research



ISO 9001  
Certificate No. 38806

Form 1010G (10/13)

### **AGREEMENT OF REIMBURSEMENT** ***For American Maritime Officers Safety & Education Plan Benefits***

This AGREEMENT OF REIMBURSEMENT (the "Agreement") is made this \_\_\_\_\_ day of \_\_\_\_\_  
DATE  
\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, XXX-XX-\_\_\_\_\_  
MONTH YEAR NAME OF PARTICIPANT LAST 4 DIGITS OF SSN  
residing at \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP  
Mailing address (if different) \_\_\_\_\_  
PO BOX / STREET ADDRESS CITY STATE ZIP  
in the County of \_\_\_\_\_ and the State of \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

WHEREAS, the American Maritime Officers Safety and Education Plan (the "Plan") provides me, as a participant of the Plan, with benefits that include, but are not limited to, training at STAR Center, Dania Beach, Florida, or reimburses me or pays directly for training at other schools or facilities.

NOW, THEREFORE, for such consideration I hereby agree as follows:

1. I understand and agree that in the event I abandon a course without authorization, or am dismissed from a course for just cause, or fail to attain twelve (12) months of covered employment in the eighteen (18) months following completion of a course, the full tuition charges or direct payments for all Plan benefits received, accommodation charges, and cost of repair of STAR Center property, if applicable, shall be **immediately** due and payable by me to the Plan.
2. I understand and agree that I shall reimburse the Plan the charges and costs billed to me unless waived by the Plan pursuant to paragraph 3 of this Agreement. If I disagree with any item on the bill presented to me I will advise the Plan in writing within thirty (30) days after receipt of the bill. Any dispute shall be subject to the Plan's appeal procedure.
3. It is understood that if I fail to attain the required 12 months of covered employment within the 18 months following completion of the course of instruction, the job opportunities provided by the Union and my availability for assignment will be taken into consideration when my reimbursement obligations are determined. I further understand that if I retire during the period of obligation no action will be taken by the Plans to enforce reimbursement providing I do not sail for a non-AMO company.

**Agreement of Reimbursement**

***For AMO S&E Plan Benefit***

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4. I understand that failure to reimburse the Plan in accordance with this Agreement within four (4) weeks after receiving written notice that payment is due shall disqualify me from receiving any future benefits from the Plan to which I might otherwise be entitled. Such disqualifications shall remain in effect until reimbursement is actually made by me. I further understand that in the event I fail to reimburse the Plan, the Plan may take any and all available legal action against me to recover the amount due for the benefits I have received.

5. The terms and conditions of this agreement shall apply and remain in effect whenever I receive a Safety & Education Plan benefit.

6. Specialized agreements of reimbursement, required for certain designated benefits of the Safety & Education Plan, shall be independent of this agreement.

7. This Agreement shall be governed by the laws of the State of Florida unless otherwise superseded by federal law.

IN WITNESS WHEREOF, I have hereunder set my hand as of the day and year first above written.

\_\_\_\_\_  
PARTICIPANT'S LEGAL SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS' LEGAL SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE