

**FI-41 Vessel Owner (Employer) – Crewman Agreement  
Regarding Medical and Related Transportation or Other Expenses**

I, \_\_\_\_\_, vessel owner/operator of the F/V \_\_\_\_\_ and \_\_\_\_\_, crewman on this vessel have agreed that any medical or related expenses paid by the said vessel owner or operator are not business expenses of the vessel and were paid as a loan to the said crewman or paid directly to the provider of the services. If a loan, these expenses have been or will be deducted from the crewman's share or be paid. Further, any expenses eligible for reimbursement by the Alaska Commercial Fishermen's Fund that have been paid by the vessel owner are authorized by the said crewman to be paid directly to the said vessel owner or operator. A Social Security number must be provided for the vessel owner in order to reimburse payment to him/her.

\_\_\_\_\_ Date \_\_\_\_\_  
Vessel Owner Signature and Address

\_\_\_\_\_  
Vessel Owner Social Security/Tax I.D. Number

\_\_\_\_\_ Date \_\_\_\_\_  
Crewman Signature

\_\_\_\_\_  
Crewman Claim Number