## THOROUGHBRED HORSEMEN'S RETIREMENT ASSISTANCE PROGRAM APPLICATION FORM

APPLICANT _		TRA	AINERSTABLE E	MPLOYEE
ADDRESS				
	STREET	CITY	STATE	ZIP
BADGE #	TELEPHONE	DATE OF BIRTH	SOCIAL SECURITY ;	#

TRAINERS: MUST LIST NUMBER OF OHIO STARTS LAST YEAR=%\_\_\_\_\_TRAINERS: MUST LIST NUMBER OF OUT OF STATE STARTS LAST YEAR=%\_\_\_\_\_

In order to participate in the program a trainer must have a minimum of 40 starts at Ohio Thoroughbred tracks during the previous calendar year with a minimum of 51% of his/her total starts for the year being at Ohio Thoroughbred tracks or have a minimum of 100 starts at Ohio Thoroughbred tracks during the previous calendar year.

In order for a stable employee to participate in the program they must have worked for a trainer eligible to participate in the program for a minimum of 9 months during the previous calendar year. Additionally stable employees must have been licensed by the Ohio State Racing Commission for a minimum of 9 months during the previous calendar year and provide a From W-2 or a Form 1099-Misc. from the trainer evidencing that the stable employee received at least \$7,500 in income during the previous calendar year.

## **EMPLOYMENT VERIFICATION FOR STABLE EMPLOYEES**

PLEASE NOTE: FRAUDULENCE WILL RESULT IN LIFETIME LOST OF ELIGIBILITY FOR <u>BOTH</u> STABLE EMPLOYEE <u>AS</u> <u>WELL AS</u> EMPLOYER THAT SIGNS THE REQUEST FORM.

I DO HEREBY VERIFY THE ABOVE NAMED EMPLOYEE WORKS FOR ME ON THE GROUNDS OF AN OHIO RACETRACK \_\_\_\_\_\_HOURS PER WEEK FOR A MINIMUM OF 9 MONTHS DURING THE PREVIOUS CALENDAR YEAR. EMPLOYEE MUST PROVIDE A COPY OF A "GROOM" LICENSE AND MUST BE A "FULL-TIME" GROOM ONLY. PERSONS WITH MULTIPLE LICENSES WILL NOT BE ELIGIBLE.

SIGNATURE OF TRAINER\_\_\_\_\_DATE\_\_\_\_

All Aplications must be received by Thoroughbred Horsemen's Health Fund by May 1<sup>st</sup>. SEND TO: THOROUGHBRED HORSEMEN HEALTH FUND 3684 PARK STREET, GROVE CITY, OH 43123 1-800-321-8367 / FAX 1-614-875-0786