OHIO HARNESS HORSEMEN'S HEALTH INSURANCE TRUST

OHIO RESIDENT GROOMS----Single Coverage Only Working for Eligible Out-of-State Trainers

OUT-OF-STATE TRAINER AND GROOM APPLICATION FORM

Out-of-State Trainer Information

Last Name	First Name	Middle Init.	Social Security #

Address, Apt/Box	City	Phone # ( ) -

Ohio Stable Location Address:	Date of initial Ohio Stable Residency:

I have read the Program Guidelines that are included as part of this Application at page 2 of 2. My signature below certifies that I am in compliance with and agree to comply with all criteria as an out-of-state trainer for my Ohio resident grooms to be considered for and receive coverage on the Plan. If any program eligibility or requirements are not fulfilled or met on a continuing basis going forward, I understand my lack of eligibility will result in grooms being terminated from the Plan.

Out-of-State Trainer's Name (PRINT)	Out-of-State Trainer's Signature

Ohio Resident Groom Information

Last Name	First Name	Middle Init.	Social Security #

Address, Apt/Box	City	Phone # ( ) -

State	Zip	Date of Birth	Circle one: Sex- M or F Circle one: Married Single Other

1st) Beneficiary's Name	Relationship
2nd) Contingent Beneficiary	Relationship

1st) Beneficiary Address:	Telephone: ( ) -
2nd) Contingent Address:	Telephone: ( ) -

(1) I am a Current member of Ohio Harness Horsemen's Association, hold a current OSRC groom license, and reside in the State of Ohio.

(2) To the best of my knowledge and belief, the above information is complete and correct. I hereby authorize payment of medical benefits to preferred providers for those charges covered under the plan. I also authorize release to or by The Meritain Company of any medical information including copies of medical records or insurance information for payment purposes.

(3) I hereby apply for the insurance benefits for which I am now or may become eligible, under the group policy issued to the Ohio Harness Horsemen's Association by The Meritain Company. I will provide IRS tax filings or W-2 forms in the event of challenged eligibility. I certify that I meet the requirements as a full time Ohio resident groom, earning 75% of my earned income grooming horses in that capacity, for an out-of-state trainer who to the best of my knowledge meets the requirements on the back of this form.

Notice: Those 65 and older are not qualified for OHHHIT Insurance coverage

I have read the Program Guidelines that are included as part of this Application on page 2 of 2. My signature below certifies that I agree to comply with all criteria as an Ohio resident groom working for an out-of-state trainer to be considered for and receive coverage on the Plan. I understand if any program eligibility or requirements are not fulfilled and met on a continuing basis going forward, that will result in my termination from the Plan.

Ohio Resident Groom's Signature _____ **Date**_____

Change_____ **Type of change**_____ **Date of Change** _____

THIS APPLICATION MUST BE COMPLETED AND SIGNED BEFORE COVERAGE WILL BE CONSIDERED

Insurance coverage will become effective to the first day of the month following a 30-day waiting period, being aware the final decision as to eligibility will be made only if all conditions are met.

Program Effective Date, September 1, 2022.

Program Requirements:

Out-of-State trainer and Groom must be full active OHHA members.

Coverage provided will be single coverage. A Groom can pay individually as all other classes can to move to two-person, or family coverage by paying the difference between the single and applicable rate. All money will flow through the out-of-state trainer and groom.

A. Out-of-state Trainer must certify that:

(1) They have a year-round in-state stable in Ohio for at least the last two prior consecutive years, sufficient to prove a substantial and significant contribution to Ohio racing. They agree to provide any substantiation needed to satisfy this requirement.

(2) At least 75% of their earned income is derived from training and/or driving harness horses, with at least 40% of their programmed starts or a minimum of 200 programmed starts per year at Ohio commercial racetracks and/or county fairs. Out-of-state stake races, early closers and late closers are excluded from the calculation. They further agree to prove earned income in the event of a challenged eligibility.

(3) Out-of-state trainer must sign and date the monthly eligibility sheet, after all their grooms have signed the sheet.

B. Ohio State Resident Groom working for eligible out-of-state trainer:

(1) For a Groom to be eligible for the free Health Insurance plan, he or she must be a full-time Ohio groom who earns at least 75% of his or her earned income from grooming horses in Ohio and to maintain eligibility, they must sign the monthly eligibility sheet. Grooms not signing are terminated. Grooms are responsible for providing the OHHA office with a Doctor's letter before they go on medical leave.

- Must hold a valid Ohio State Racing Commission license.
- Grooms shall not qualify for or be enrolled for insurance coverage in any other racing jurisdiction.
- Grooms must work for an eligible in-state or out-of-state trainer.

(2) Trainer must provide proof of worker's compensation insurance, and provide payroll checks with deductions for State and Federal Taxes.