

Benevolence Assistance Request

2010 Race Meets

Remington Park Fair Meadows Will Rogers

(Please Check One)

This Form Must Be Completed To Receive Consideration For Payment:

Name: _____ Birthdate: _____

Address: _____

Phone #: _____ Email: _____

SS #: _____ Type of License: _____

Employer at Track: _____ # of Starts _____

Has Claimant or Employer started horses:

2010: TRACK: _____ BREED: _____ DATE: _____ HORSE: _____

2009: TRACK: _____ BREED: _____ DATE: _____ HORSE: _____

THIS IS A PRIVATELY FUNDED BENEVOLENCE PROGRAM ADMINISTERED BY OQHRA THROUGH A BENEVOLENCE COMMITTEE. IT IS NOT INSURANCE.

Employer or Applicant Signature: _____

Request for (check one) Medical Dental Optical Other

Describe Need:

Attach copies of all bills or paid receipts and return with application within 90 days from date of service.

Do you have health insurance? Yes No

Will it cover any of the expense? If Yes, what portion will it pay?

FOR OFFICE USE ONLY:

Verification of Eligibility: yes no Verify Employer: yes no

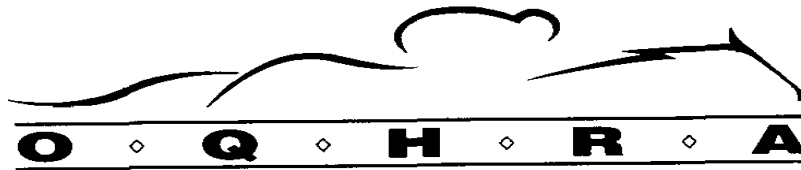
Refer to approved provider: medical dental eye care

Pay claimant for receipts submitted with request

Pay Provider

\$ _____ Amount Approved from Fund Date Paid _____

Approved by: _____



Benevolence Health Program for 2010 Race Meet at

Remington Park, Will Rogers Downs and Fair Meadows

ELIGIBILITY REQUIREMENTS: Must be licensed by OHRC for participation in the actual racing activities on the backside of an OK racetrack (example: Trainer, owner-trainer, owner, rider, exercise rider, groom, jockey agent, and non-permanent track employees such as paddock judge, entry clerks, gate crew, etc. that are not provided insurance benefits from the racetrack. Only dependants in the immediate family of an eligible beneficiary are eligible for consideration of benefits. All eligible beneficiaries **MUST** have participated in a live race meet during the current or immediate past year if unable to participate in current year. Exceptions may be considered and approved by the OQHRA board of directors. Horsemen opting out of OQHRA participation are not eligible for benefits.

NOTE: Preference will be given for those in need who cannot pay for them or would otherwise go without a necessary service. This service is not health insurance!! This program is a tool to help the horsemen's representative and the chaplain assist those who are in need. Please help us avoid abuse of this system so that funds will be available for those who need the help!

GUIDELINES:

1. Except in emergency situations, the total payment on all Applications for Aid shall not exceed the applicant's annual individual limits set forth below.
2. The OQHRA may increase these limits in emergency situations.
3. These limits are subject to review by the Horsemen's Benevolence Committee at least semi-annually.
4. Applications for Aid not fully funded may be resubmitted between November 1st and December 15th, of the current year, for reconsideration based on the funds available.

ANNUAL LIMIT:

Individual Maximum - \$2,000.00
Family Maximum - \$3,000.00

APPLICATION LIMIT:

1. Each Application for Aid for \$500.00 or less: FULL AMOUNT
 2. Each Application for Aid for more than \$500.00: FIRST \$500.00 plus 25% of Remainder (rounded to nearest dollar) up to the maximum annual limit.
 3. Each Application for Aid for Eye Glasses: NOT TO EXCEED \$500.00
 4. Each Application for Dental: NOT TO EXCEED \$1,000.00
- Eyeglasses and Dental do apply to individual and family maximums.

COMPLETED APPLICATIONS:

Benevolence Administrator
OQHRA
PO Box 2907 Edmond, OK 73083
Or give to any OQHRA Director or Staff Person.

