

Benevolence Assistance Request

2008 Race Meets

Remington Park Blue Ribbon Downs 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 _____

Breed of Horses Started: QH: _____ P&A _____ TB _____

Employers 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

Do you have health insurance? Yes No

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

Has Claimant or Employer started horses during 07 or 08 meets? _____

Indicate number at each meet: _____ RP _____ WRD _____ BRD _____ FMT

FOR OFFICE USE ONLY:

Today's Date: _____

Committee Recommendation:

Refer to approved _____ medical _____ dental _____ eye care provider

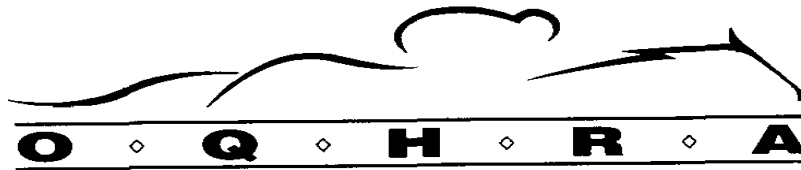
Pay claimant for receipts submitted with request

Other:

\$ _____ Amount Approved from Fund Date Paid _____

THIS IS A PRIVATELY FUNDED BENEVOLENCE PROGRAM-NOT INSURANCE-and is administered by the OQHRA through a benevolence committee.

Approved by: _____



Benevolence Health Program for 2008 Race Meet at

Remington Park, Blue Ribbon Downs, 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.

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 Committee
OQHRA
PO Box 2907
Edmond, OK 73083
Or give to any Committee Member.

