

MOUNTAINEER PARK HBPA BENEVOLENT TRUST APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SOCIAL SEC. #: _____ D.O.B _____

LICENSE: _____ TRAINER _____

(Over 75% of starts must be at Mountaineer Park. Proof of starts must be attached.)

THE FOLLOWING OCCUPATION MUST BE PRIMARY JOB (which means over 75% of your working hours must be on this job).

- ASSISTANT TRAINER _____
- PONY PERSON _____
- GROOM/HOTWALKER _____
- EXERCISE RIDER _____
- PRESENT EMPLOYER: _____
- DATE EMPLOYED: _____

IF EMPLOYED OTHER THAN ON THE BACKSIDE, LIST THE NAME OF THE COMPANY YOU WORK FOR AND THE HOURS PER DAY, WEEK, OR MONTH DEVOTED TO OTHER JOB:

COMPANY NAME _____

MONTH: _____ WEEK: _____ DAY: _____

I ACKNOWLEDGE THAT IF I FALSIFY ANY INFORMATION, I WILL BE REQUIRED TO REFUND ANY BENEFITS I HAVE USED FROM THE HBPA BENEVOLENT TRUST AND WILL BE REMOVED FROM THE HBPA TRUST.

OTHER INSURANCE OR ASSISTANCE: (All bills must be paid by your primary medical/accident insurance before Trust can process balance due. Trust will only pay what Medicare or Insurance allows)

STATE AGENCY: YES _____ NO _____

INSURANCE COMPANY: YES _____ NO _____

(Medical or Accident)

NAME OF COMPANY: _____

TOTAL BENEFIT PER YEAR IS \$4,000.00.

TOTAL BENEFIT PER EACH CHILD OF APPLICANT IS \$1000.00

SIGNATURE

DATE