

2019

Mountaineer Park Benevolent Trust Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____

Date of Birth: _____ WV Racing Commission Permit #: _____

Please indicate how you are licensed by the State of West Virginia

Trainer

Assistant Trainer

Groom

Owner/ _____ (Indicate license for which you are applying for benefits)

You are not licensed but applying as a:

Non-paid spouse

Dependent of _____ (eligible permit holder)

Do you receive benefits from any other racetrack medical trust during our racing meet? _____

Do you currently have medical insurance? Yes / No. If yes, please list the name of the insurance company: _____

Any applicant other than a trainer must complete the information below.

I _____ am licensed by the State of West
(name)

Virginia and hold a permit as a _____ . I am
(position)

employed by trainer _____ . I have held this
(trainer's name)

position since _____ .
(hire date)

By signing this Affidavit of Eligibility I acknowledge:

- I must earn 75% of my income from my licensed position at Mountaineer Casino Racetrack & Resort.
- I have read this form and all of the eligibility requirements, and by my signature acknowledge that all statements are true and correct.
- I understand if any of these statements are untrue and information to determine eligibility has been falsified I will forfeit all entitlements to current and future benefits

provided by the Mountaineer Park HBPA Medical Trust and would be required to repay benefits paid based on false claims.

- In order to qualify an applicant must earn 75% of their income from their licensed position at Mountaineer Casino Racetrack and Resort during the live racing meet, be listed on a Trainer's Badge List and complete the Affidavit of Earnings section and provide:
 - Two cancelled checks for the period in which you are seeking benefits. If you do not have cancelled checks more than two Trustees must sign off and acknowledge that the applicant works on the backstretch on a daily basis.
- The Trustees may require you to provide additional documentation to verify your eligibility (1099, W2, Tax Documentation),

Signed _____ Date _____

Print Name: _____

Witness or Notary _____

Affidavit of Earnings

This affidavit will verify that I _____ employ and provide
(trainer)
compensation to _____
(employee)

This employee is paid on a weekly, monthly, daily (circle one) basis and earns \$ _____ each pay period.

The applicant began working for me on _____
(hire date)

The applicant is on my badge list and is paid by check or cash (circle one).

Two cancelled checks must be provided for the period they are requesting benefits.

If an employee is not paid by check, two or more trustees are require to verify employment and the following statement must be acknowledged by the trainer:

I _____ verify that this applicant is employed by me and is paid in cash. I acknowledge that any false or misleading statements will result in loss of current and future benefits from the Mountaineer Park HBPA Medical Trust for me and my employees.

Trainer's Signature: _____ Date: _____