



2018

Individual / Family Membership Application

ALL MEMBERSHIPS EXPIRE DECEMBER 31, 2018

300 - 1734 Elphinstone Street
Regina, Saskatchewan S4T 1K1

Phone: 306.780.9244 or 306.780.9449 Fax: 306.525.4041
Email addresses: admin@saskhorse.ca

Membership Application Type

Adult \$50.00 + .45 pst 18 Yrs/older max 90 Yrs
Junior 35.00 + .45 pst 17 Yrs/Under as of Jan 1
Family \$120.00 + 1.35 pst 2 Adults and all Juniors at same mailing address

Members Name Gender Male Female Date of Birth Month Day Year

Mailing Address City/Town Province Postal Code

Home Telephone Number Cell Number Fax Number

Email Address

Main Interest in the sport (check only one)
Western English Driving Recreation Industry/Breeds Other

If Aboriginal status please check one:
Non-Status Status Metis Inuit Preferred Language English French

Table with 3 columns: Member's Name, Gender (Male/Female), Date of Birth (Month/Day/Year). Includes header 'ADDITIONAL APPLICANTS'.

Please add and attach any additional family applicants on a separate sheet

Survey Questions:
Do you teach horse riding/driving to others?
Do you judge or officiate at horse events?
Do you own horses?
If yes, are you paid to do so?
Do you enter horse shows?

Payment Summary
Total 2018 Membership Fees: \$
Total Optional Insurance Fees: \$
Total Pegasus Fund Donations: \$
Western Horse Review: \$
Total Payment: \$

SIGNATURE & SHARED INFORMATION CONSENT
I hereby give permission for the SHF to send e-news, announcements and membership renewals electronically to the email address provided in this application.
Signature
Date

METHOD OF PAYMENT
VISA Master Card
Cheque #
Credit Card Number Expiry Date
Name as it appears on card CSV #
Signature



- Includes \$5 million liability insurance for most horse related, non-commercial activities (deductible applies).
- Includes \$30,000 Accidental Death & Dismemberment. Providing 24 hour, worldwide coverage for catastrophic, permanent injuries arising from most equine related activities.
Fracture, Dental and loss of income claims are **not included**
- Up to \$10,000 liability coverage for death of a non-owned horse while transporting, excludes commercial hauling.

This is a summary of coverage only.

For more detailed information on these products or other options also available to members at a reduced rate, please contact Capri Insurance Services Ltd., 100-1500 Hardy Street, Kelowna BC. V1Y 8H2. 1-800-670-1877 www.capri.ca/horse.

Insurance

MEMBERS NAMED PERILS: Covers death of an owned horse resulting from fire, lightning or collision/overturn of a vehicle in which a horse is being transported. Insures to a maximum of \$10,000.00 that can be applied regardless of the number of horses owned. Includes a benefit of an insured horse is destroyed by Government order. Losses are restricted to one claim per year.

_____ x \$20 + 1.20 pst/per member = _____

ADDITIONAL ACCIDENTAL DEATH & DISMEMBERMENT: Provides \$50,000 Principal Sum ADD including a benefit for \$7,500 fracture (with helmet); \$2,500 fracture benefit (if no helmet) plus dental benefit - \$5,000. Restricted to under 75 years of age.

_____ x \$35 + 2.10 pst/per member = _____

MEMBERS TACK INSURANCE: Limit- \$10,000 any one occurrence/\$5,000 any one membership per policy period (\$500 deductible) Higher limits are available.

_____ x \$45 + 2.70 pst/per member = _____

WEEKLY ACCIDENT INDEMNITY : The policy will provide up to \$500.00/week in income replacement for up to 26 weeks some restrictions apply

THE ATTACHED FORM MUST BE COMPLETED, SIGNED AND SUBMITTED TO THE SHF WITH PAYMENT

_____ x \$160 + 9.60 pst/per member = _____

TRAVEL (out of province/country): Provides \$2 million coverage for emergency medical/hospitalization for any/all travel to a maximum of 90 days in duration per trip, not just horse related travel or injury. **Must be SHF Individual member.** Restricted to less than 75 years of age.

Insurance Declaration

This Declaration must be completed and signed if purchasing 2018 Optional Travel Insurance Coverage

I am a member in good standing of my home Province/Territory equine Association and declare:

1. I understand that travel coverage terminates at 12:01 am on the date of my 75th birthday
2. I declare that I am a Canadian resident and I have valid health insurance in force as provided by my home provincial government health plan
3. I understand that all pre-existing medical conditions may not be covered by this insurance
4. I understand that coverage for each 90 day trip begins (only) on the date of departure from my home province and cannot be initiated if I am outside of my home Province.
5. I understand that this policy cannot be extended beyond 90 days for any single trip.
6. I understand that I am financially responsible for incidental / minor medical expenses at the time care is rendered.

- By checking this box, I understand/declare all items above to be true.

Name of Insured member(s) _____ x \$125.00 + 7.50/per member = _____

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Yes sign me up for a WESTERN HORSE REVIEW - 1 year subscription @ \$19.95 (tax included) - A 25% Savings! \$19.95

PEGASUS FUND DONATIONS: Donations to SHF Legacy Fund for its charitable purposes provides annual tax receipt from National Trust Fund. Donors may designate funds for specific purposes and special projects (i.e. memorial funds, scholarship funds, etc.) may be created by contacting SHF.

Therapeutic Riding and Challenged Persons Fund	\$ _____
Youth Projects Development Fund	\$ _____
Team Saskatchewan Development Fund	\$ _____
Equine Research, Health and Welfare	\$ _____
General Pegasus Fund	\$ _____

WEEKLY ACCIDENT INDEMNITY APPLICATION



Form to be completed and returned with your Membership Application

This exclusive insurance policy provides income replacement in the event you are unable to work due to an accident. Coverage is in force 24 hours a day/ 7 days a week and includes (but is not limited to), injuries arising from an equine related incident. The policy will provide up to \$500.00 / week in income replacement for up to 26 weeks (some restrictions apply). To qualify for this special program and be eligible for benefits, you must meet the following minimum requirements:

- 1) Be a resident of Canada.
- 2) Be a member in good standing of your provincial equine association;
- 3) Be employed full time (minimum of 25 hours a week with a single employer);
- 4) Be under the age of 70 years old; and
- 5) Filed an income tax return to Canada Revenue Agency in the most recent year.

The combined benefit from this policy and all other benefits available to you (WCB/WSIB/PPP/ Employer Group Programs, etc.) cannot exceed 75% of reported gross income to Canadian Revenue Agency in the most recent taxation year.

Call to Capri Insurance Equine Department at 1-800-670-1877

YOUR INFORMATION			
NAME:		DATE OF BIRTH:	YYYY MM DD
ADDRESS:		PHONE: (H)	(C)
EMPLOYMENT INFORMATION			
YOUR OCCUPATION:		AVERAGE NO. OF HOURS WORKED PER WEEK:	
EMPLOYER NAME:		EMPLOYER PHONE:	
FULL TIME with a single employer is required (Minimum 25 hrs per week)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, coverage is ineligible)		
Did you file an Income Tax Return with Canada Revenue Agency last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, coverage is ineligible)		
Are you enrolled with WCB / WSIB / Employer Disability Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever made a claim for income replacement benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I understand and agree:

- 1) The insurance coverage being applied for PLUS ANY OTHER BENEFITS I may be eligible to receive if I cannot work - FROM ALL SOURCES - will not and cannot exceed 75% of weekly income as reported to Canadian Revenue Agency (CRA) in the last personal income reporting year.
- 2) I understand that there is a waiting period of 7 days before I am eligible to receive any benefits from this policy.
- 3) This policy will pay benefits to a maximum of \$500 / week for a maximum of 26 weeks.
- 4) In the event of a claim, I will be required to sign and remit various documents to prove my loss before any payment is made, including but not limited to a copy of my previous tax return and a consent form to allow the insurer to collect, use and disclose personal information related to my claim.
- 5) I am a member in good standing of my home Provincial Equine Association on the date of this application.

SIGNED: _____ DATED: _____



**Saskatchewan
Horse Federation**

Individual Membership Benefit Highlights:

GREAT REASONS WHY YOU SHOULD BECOME A
SASKATCHEWAN HORSE FEDERATION INDIVIDUAL MEMBER

Capri Insurance is the official insurance provider of the SHF.

All SHF members automatically receive the following coverage:

- Includes \$5 million liability insurance for most horse related, non-commercial activities (deductible applies).
- Includes \$30,000 Accidental Death & Dismemberment. Providing 24 hour, worldwide coverage for permanent injuries arising from equine related activities.
Fracture, Dental and loss of income claims are **not included**
- \$10,000 liability coverage for death of a non-owned horse while transporting.

This is a summary of coverage only.



For more detailed information on these products or other options also available to members at a reduced rate, please contact Capri Insurance Services Ltd., 100-1500 Hardy Street, Kelowna BC. V1Y 8H2.
1-800-670-1877 www.capri.ca/horse.

The following Benefits:

- Purchase "Optional Insurance Products" at a discount that are only available to SHF Individual Members
- Immediately Qualify for our "Members First Program".
- Have access to all programs divisions including Recreation, Industry and Sport.
- Qualify for Exclusive Programs and Industry Resources.
- "Special Publications"
- Preferred Member advertising rates.
- Athlete Assistance, Coach/Official and Travel Grants.
- Chance to Nominate to Heritage and Prairie Cup Circuits.

Take a walk through our website to read the detailed information on BENEFITS of grants and nominations.

www.saskhorse.ca

IT PAYS TO BE A MEMBER!