

# 2018 Membership Application

**ALL MEMBERSHIPS EXPIRE DECEMBER 31, 2018**



**Saskatchewan  
Horse Federation**

300-1734 Elphinstone Street  
Regina, Saskatchewan S4T 1K1

Phone: 306-780-9244 or 306-780-9449  
Fax: 306-525-4041 Email: [shfadmin@saskhorse.ca](mailto:shfadmin@saskhorse.ca)

PRIMARY APPLICANT INFORMATION			
Member Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Day   Month   Year
Mailing Address		City/Town	Province   Postal Code
Primary Phone Number (    )	Secondary Phone Number (    )	Fax Number (    )	
Email Address			

ADDITIONAL APPLICANTS			
Member Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Day   Month   Year	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day	Month   Year
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day	Month   Year
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day	Month   Year
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day	Month   Year

SURVEY QUESTIONS			
<b>Primary Interest (Check Only One):</b>		<b>Involvement (Check All that Apply):</b>	
<input type="checkbox"/> Western	<input type="checkbox"/> Breeds	<input type="checkbox"/> Recreation	<input type="checkbox"/> Volunteer
<input type="checkbox"/> English	<input type="checkbox"/> Industry	<input type="checkbox"/> Competitor	<input type="checkbox"/> Breeding
<input type="checkbox"/> Driving	<input type="checkbox"/> Other	<input type="checkbox"/> Coach	<input type="checkbox"/> Health/Welfare
<input type="checkbox"/> Recreation		<input type="checkbox"/> Official	<input type="checkbox"/> Industry/Business
Are you interested in learning more about becoming a coach?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in learning more about becoming an official?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Note: The following is voluntary. The data will be used to identify success within our program and service areas.</b>			
If you are of Aboriginal Ancestry, please check one of the following that is most applicable to your Aboriginal Ancestry:			
<input type="checkbox"/> Status/Treaty	<input type="checkbox"/> Non-Status	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit

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. Note that if you select No then you will not receive important email notices.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature _____	Date _____
<b>If the primary applicant is under 18 years of age this must be signed by a parent or guardian.</b>	

## 2018 MEMBERSHIP COSTS AND OPTIONS

All prices have applicable taxes included.

See page 3 for the benefits and insurance coverage included with your membership.

<b>MEMBERSHIP FEES</b>	<b>2018 Adult Individual Membership</b> 18 to 90 Years of Age	<b>\$50.45 per person</b>	\$
	<b>2018 Junior Individual Membership</b> 17 Years or Under as of Jan. 1, 2018	<b>\$35.45 per person</b>	\$
	<b>2018 Family Membership</b> 2 Adults and all Juniors at same address	<b>\$121.35 per family</b>	\$
<b>OPTIONAL INSURANCE</b>  <i>All optional insurance coverage ends Dec 31, 2018.</i>	<b>Members Named Perils</b> Covers death of an owned horse resulting from fire, lighting or collision/overturn of a vehicle in which a horse is being transported. Insures to a maximum of \$10,000 that can be applied regardless of the number of horses owned. Losses are restricted to one claim per year.	<b>\$15.90 per person</b> Member(s) purchasing: _____	\$
	<b>Accidental Death and Dismemberment</b> Provides \$50,000 principal sum ADD including a \$7,500 fracture benefit (with helmet) or \$2,500 fracture benefit (if no helmet); plus \$5,000 dental benefit. Restricted to under 75 years of age.	<b>\$31.80 per person</b> Member(s) purchasing: _____	\$
	<b>Members Tack</b> Limit \$10,00 per any one occurrence or \$5,000 any one membership per policy period (\$500 deductible). Higher limits are available.	<b>\$37.10 per person</b> Member(s) purchasing: _____	\$
	<b>Travel Medical</b> Provides \$2 million coverage for emergency medical/hospitalization for all travel to a maximum of 90 days in duration per trip, not just horse related travel or injury. Restricted to less than 75 years of age. <b>THE ATTACHED FORM ON PAGE 3 MUST BE COMPLETED IN FULL.</b>	<b>\$121.90 per person</b> Member(s) purchasing: _____	\$
	<b>Weekly Accident Indemnity</b> The policy will provide up to \$500 per week in income replacement for up to 26 weeks. Some restrictions apply. <b>THE ATTACHED FORM ON PAGE 4 MUST BE COMPLETED IN FULL.</b>	<b>\$159.00 per person</b> Member(s) purchasing: _____	\$
<b>MAGAZINE</b>	<b>Western Horse Review Magazine 1 Year Subscription</b>	<b>\$19.95</b>	\$
<b>DONATIONS</b>	<b>Pegasus Fund Donations</b> 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 the SHF	Therapeutic Riding and Challenged Persons Fund	\$
		Youth Projects Development Fund	\$
		Team Saskatchewan Development Fund	\$
		Equine Research, Health and Welfare	\$
		General Pegasus Fund	\$

<b>TOTAL FEES</b>	<b>\$</b>
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PAYMENT INFORMATION		
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque (# _____) <input type="checkbox"/> e-Transfer (call office for details)		
Card Number	Expiry Date	CSV #
Name on Card	Signature	

## 2018 TRAVEL MEDICAL INSURANCE DECLARATION

**THIS FORM MUST BE COMPLETED IN FULL IF PURCHASING THE TRAVEL MEDICAL OPTION ON PAGE 2.**

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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This is a summary of coverage only.** For more detailed information on these products or other options available to members at a reduced cost, contact Capri Insurance Services: 1-800-670-1877 or [capri.ca/horse](http://capri.ca/horse).



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## Individual Membership Benefit Highlights

**All SHF members automatically receive the following insurance coverage:**

- \$5 million liability insurance for most horse related, non-commercial activities (deductible applies)
- \$30,000 Accidental Death and 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 available to members at a reduced cost, please contact Capri Insurance Services Ltd. at 1-800-670-1877 or visit [capri.ca/horse](http://capri.ca/horse).

**Take advantage of these additional programs and benefits:**

- Opportunity to nominate to Heritage and Prairie Cup Circuits
- Qualify for Grants and Funding
- Access to Educational Programs
- Access to Coaching and Officials Resources
- Savings with our Members First Program
- Access to Equestrian Canada Programs

Visit [saskhorse.ca/individual-benefits](http://saskhorse.ca/individual-benefits) for detailed information. It pays to be a member!



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### WEEKLY ACCIDENT INDEMNITY APPLICATION

**THIS FORM MUST BE COMPLETED IN FULL IF PURCHASING THE WEEKLY ACCIDENT INDEMNITY OPTION ON PAGE 2**

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.**

*Questions regarding coverage should be directed 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: \_\_\_\_\_