



Membership Benefit Highlights

For a detailed list of benefits visit saskhorse.ca/individual-benefits

SHF members automatically receive the following base insurance coverage:

\$5,000,000 Liability Insurance (subject to \$1,000 Property Damage Deductible)

- This coverage protects you against lawsuits for Bodily Injury or Property Damage arising out of the ownership or use of a horse and / or arising out of your participation in personal equine related activities.
- This policy includes coverage for legal liability arising from the non-commercial transport / incidental care, custody and control of non-owned horses. The liability limit for care, custody and control is \$10,000 per horse / \$50,000 per accident.

\$30,000 Principal Sum Accidental Death & Dismemberment

- Coverage for each member arising from equine-related activities – under the age of 90. Coverage **excludes** fracture, dental losses, or loss of income. This policy does not provide partial disability benefits or loss of wages.

Additional insurance options are available to purchase with your membership:

- See Page 3 for details

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 CapriCMW Insurance Services at 1-800-670-1877 or visit capricmw.ca/horse

Take advantage of these additional programs and benefits:

- Nominate to Heritage Circuit or Prairie Cup and win awards
- 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

For a detailed list of benefits visit saskhorse.ca/individual-benefits

2019 Membership Application

ALL MEMBERSHIPS EXPIRE DECEMBER 31, 2019



**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

PRIMARY APPLICANT				
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 ()
Primary Email Address			Secondary 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

SURVEY QUESTIONS			
Primary Interest (Check Only One):		Involvement (Check All that Apply):	
<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
Note: The following is voluntary. The data will be used to identify success within our program and service areas. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No you will not receive important email notices.	
_____ Signature	_____ Date
IF THE PRIMARY APPLICANT IS UNDER 18 YEARS OF AGE THIS MUST BE SIGNED BY A PARENT OR GUARDIAN.	

2019 MEMBERSHIP FEES		
2019 Adult Individual Membership - 18 to 90 years of age	\$55.30 per person	\$
2019 Junior Individual Membership - 17 years of age or under as of Jan. 1, 2019	\$40.30 per person	\$
2019 Family Membership - 2 Adults and all Juniors at same address	\$125.90 per family	\$
2019 OPTIONAL INSURANCE COVERAGE		
Members Named Perils (MNP) Covers the death of an <u>owned</u> horse resulting from fire, lightning, collision/overturn of a conveyance in which a horse was being transported. It also extends to windstorm/hail, earthquake or flood, attack by a dog or wild animal, collapse of building, order of government authority and more. This insures up to a maximum of \$10,000 for any one horse, any one loss. One option per member, must be purchased by the owner of horse.	\$20.90 per person Member(s) purchasing: _____ _____	\$
Equine Emergency Life Saving Surgery (EELSS) AUTOMATICALLY INCLUDES MEMBERS NAMED PERILS COVERAGE This policy covers Equine Emergency Life Saving Surgery necessitated by accident or sickness, including colic surgery and fracture surgery, to a maximum limit of \$2,500.00 for expenses incurred (250.00 deductible). No death benefit is payable under this policy. Restricted to one claim per year.	\$68.30 per person Member(s) purchasing: _____ _____	\$
Additional Accidental Death & Dismemberment (AD&D) Provides \$50,000 Principal Sum AD&D and includes a Fracture benefit of \$7,500/\$2,500 principal sum (helmet/no helmet) and a Dental benefit of \$5,000 principal sum. This option excludes claims for Loss of Income. This policy will provide increased limits to the coverage provided automatically in your annual membership. Restricted to under 75 years of age.	\$35.00 per person Member(s) purchasing: _____ _____	\$
Weekly Accident Indemnity (WAI) AUTOMATICALLY INCLUDES ADDITIONAL AD&D COVERAGE THE ATTACHED FORM ON PAGE 4 MUST BE COMPLETED IN FULL. 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/week in income replacement for up to 26 weeks (restrictions apply).	\$190.00 per person Member(s) purchasing: _____ _____	\$
Members Tack (TAK) Insures tack and equipment from loss or damage anywhere in North America. Limit \$10,000.00 (\$500 deductible). Does not cover clothing or protective equipment worn by riders, wear & tear/abuse, mysterious disappearance or horse drawn vehicles.	\$47.10 per person Member(s) purchasing: _____ _____	\$
Travel Medical (TVL) Coverage is available via TuGo at https://shop.tugo.com/store/INT001		
OTHER PURCHASES		
Western Horse Review Magazine 1 Year Subscription	\$25.00	\$
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, please select a checkbox at right. Special projects (i.e. memorial funds, scholarship funds, etc.) may be created by contacting the SHF.	<input type="checkbox"/> General Pegasus Fund <input type="checkbox"/> Therapeutic Riding <input type="checkbox"/> Youth Projects <input type="checkbox"/> Team Saskatchewan <input type="checkbox"/> Equine Health and Welfare <input type="checkbox"/> General Pegasus Fund	\$
TOTAL FEES		\$
PAYMENT INFORMATION		
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque (# _____) <input type="checkbox"/> e-Transfer (shfadmin@saskhorse.ca - use password 'horse')		
Card Number	Expiry Date	CSV #
Name on Card	Signature	



WEEKLY ACCIDENT INDEMNITY APPLICATION

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

Questions regarding coverage should be directed to CapriCMW Equine Department at 1-800-670-1877

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/ CPP/ Employer Group Programs, etc.) cannot exceed 75% of reported gross income to Canadian Revenue Agency in the most recent taxation year.

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:** _____