

2023 Membership Application

300-1734 Elphinstone Street
 Regina, Saskatchewan S4T 1K1
 Phone: 306-780-9244 or 306-780-9449
 Fax: 306-525-4041 Email: shfadmin@saskhorse.ca



**Saskatchewan
Horse Federation**

| PRIMARY APPLICANT | | | | |
|---|--------------|----|----|--|
| Name: | Street/Box#: | | | |
| Birthdate: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px;">YYYY</td> <td style="width: 30px;">MM</td> <td style="width: 30px;">DD</td> </tr> </table> <input type="checkbox"/> Male <input type="checkbox"/> Female | YYYY | MM | DD | City/Town: Postal Code: |
| YYYY | MM | DD | | |
| Email: | Phone: | | | |

| ADDITIONAL APPLICANTS | | | | | | | |
|---|--------|----|----|---|------|----|----|
| Name: | Name: | | | | | | |
| Birthdate: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px;">YYYY</td> <td style="width: 30px;">MM</td> <td style="width: 30px;">DD</td> </tr> </table> <input type="checkbox"/> Male <input type="checkbox"/> Female | YYYY | MM | DD | Birthdate: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px;">YYYY</td> <td style="width: 30px;">MM</td> <td style="width: 30px;">DD</td> </tr> </table> <input type="checkbox"/> Male <input type="checkbox"/> Female | YYYY | MM | DD |
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| YYYY | MM | DD | | | | | |
| Email: | Email: | | | | | | |
| Name: | Name: | | | | | | |
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| YYYY | MM | DD | | | | | |
| YYYY | MM | DD | | | | | |
| Email: | Email: | | | | | | |

| SURVEY | |
|--|--|
| <p><i>Your participation in answering these questions is voluntary. This data is used to identify success within our program and service areas.</i></p> | |
| 1. Involvement (Check all that Apply): <input type="checkbox"/> Recreation <input type="checkbox"/> Competitor <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Industry/Business <input type="checkbox"/> Breeding <input type="checkbox"/> Health/Welfare <input type="checkbox"/> Western Riding <input type="checkbox"/> English Riding <input type="checkbox"/> Driving | 4. Do you currently coach students? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES): Are you a certified Coach through any of the following? <input type="checkbox"/> Equestrian Canada <input type="checkbox"/> CANTRA <input type="checkbox"/> EAL <input type="checkbox"/> Vaulting <input type="checkbox"/> Other Do you teach students with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Do you currently Judge at horse shows? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES): Are you an accredited Judge through any of the following? <input type="checkbox"/> Provincial Organization <input type="checkbox"/> Equestrian Canada <input type="checkbox"/> Other Do you Judge competitors with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. 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 | |

| WAIVERS |
|---|
| <p>Waivers must be checked and signed to purchase a membership. <i>If the Primary Applicant is under 18 years of age, this must be signed by a parent or guardian.</i></p> |
| <p>On behalf of the Applicant(s), I HEREBY DECLARE the information provided in this application to be true and accurate. Falsifying information could result in insurance coverage being declared null and void.</p> <p><input type="checkbox"/> I agree</p> |
| <p>The SHF respects your privacy. Our privacy policy can be found at https://saskhorse.ca/privacy-policy, or contact the office to request a printed copy.</p> <p><input type="checkbox"/> I understand</p> |
| <p>Signature: _____ Print Name: _____ Date: _____</p> |

| 2023 MEMBERSHIP FEES - ALL 2023 MEMBERSHIPS EXPIRE DECEMBER 31, 2023 | | |
|--|----------------------------|----|
| 2023 Adult Individual Membership - 18 to 90 years of age | \$58.42 per person | \$ |
| 2023 Junior Individual Membership - 17 years of age or under as of Jan. 1, 2023 | \$43.42 per person | \$ |
| 2023 Family Membership - 2 Adults and all Juniors at same address | \$136.26 per family | \$ |

| 2023 OPTIONAL INSURANCE COVERAGE - ALL 2023 INSURANCE OPTIONS EXPIRE DECEMBER 31, 2023 | | |
|---|--|--|
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| Members Named Perils (MNP) (price includes PST) Only one purchase per member Covers the death of an owned 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. | \$31.80 per person Member(s) purchasing: _____ _____ | \$ |
| Emergency Surgery + MNP (price includes PST) (Only one purchase per member) MNP is included with this product. Necessitated by accident or sickness, including colic surgery and fracture surgery, maximum limit of \$2,500.00, \$250.00 deductible. Only one per member. No Death Benefits is payable under this policy. | \$90.10 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. | \$55.30 per person Member(s) purchasing: _____ _____ | \$ |
| Members Tack (TAK) (price includes PST) 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. | \$62.54 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). | \$201.50 per person Member(s) purchasing: _____ _____ | \$ |

| 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 | | e-Transfer payments must be sent the same day as the application | |
|----------------------------|--|---|--|
|----------------------------|--|---|--|

| | | | |
|---|-------------|-------|--|
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque (# _____) <input type="checkbox"/> e-Transfer (payment@saskhorse.ca - use password "membership") | | | |
| 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/PPP/ 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: _____



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 2 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