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2026

**IN STATE OHIO RESIDENT TRAINER'S GROOM APPLICATION FORM
PLEASE RETURN THE INFORMATION, BELOW**

Out-of-State Trainer Information

Last Name, First Name, Middle Initial:

Address:

Phone Number:

Date of initial Ohio Stable Residency:

Address:

I have read the Program Guidelines that are included as part of this Application at page 2 of 2. My initials and signature below certify that I am in compliance with and agree to comply with all criteria as an Ohio resident trainer for my Ohio resident grooms to be considered for and receive coverage on the Plan. If any program eligibility or requirements are not fulfilled or met on a continuing basis going forward, I understand my lack of eligibility will result in grooms being terminated from the Plan. Initials

Trainer Printed Name (Date)

Trainer Signature:

Ohio Resident Groom Information

Last Name, First Name, Middle Initial:

Address:

Phone Number:

Date of Birth: / /

Social Security Number: - - -

Gender (Check One) M F Other

Marital Status: (Check One)

Primary Beneficiary (name/relationship):

Single Married Other

Address:

Telephone: () -

Contingent Beneficiary (name/relationship):

Address:

Telephone: () -

- I am a Current member of Ohio Harness Horsemen's Association, hold a current OSRC groom license, and reside in the State of Ohio.
- To the best of my knowledge and belief, the above information is complete and correct. I hereby authorize payment of medical benefits to preferred providers for those charges covered under the plan. I also authorize release to or by The Meritain Company of any medical information including copies of medical records or insurance information for payment purposes.
- I hereby apply for the insurance benefits for which I am now or may become eligible, under the group policy issued to the Ohio Harness Horsemen's Association by The Meritain Company. I will provide IRS tax filings or W-2 forms in the event of challenged eligibility. I certify that I meet the requirements as a full time Ohio resident groom, earning 75% of my earned income grooming horses in that capacity, for an Ohio resident trainer who to the best of my knowledge meets the requirements on the back of this form. *Notice: Those 65 and older are not qualified for OHHIT Insurance coverage*
- I have read the Program Guidelines that are included as part of this Application on page 2 of 2. My signature below certifies that I agree to comply with all criteria as an Ohio resident groom working for an Ohio resident trainer to be considered for and receive coverage on the Plan. I understand if any program eligibility or program requirements are not fulfilled and met on a continuing basis going forward, that will result in my termination from the Plan. Initials

Ohio Resident Groom's Printed Name (Date)

Signature

THIS APPLICATION MUST BE COMPLETED AND SIGNED BEFORE COVERAGE WILL BE CONSIDERED

Change _____ Type of change _____
Home Racetrack 0 _____

Date of Change _____

Program Requirements:

Ohio Resident Trainer and Ohio Resident Groom must both be full active OHHA members.

Coverage provided for Grooms will be single coverage, which is funded from the purse pool at no cost to the Groom or Trainer. A Groom can pay individually as all other classes can to move to two-person, or family coverage by paying the difference between the single and applicable rate. All money will flow through the Ohio Resident trainer and groom.

A. Ohio Resident Trainer must certify that:

- (1) They are an Ohio Resident and have a year-round in-state stable in Ohio, sufficient to prove full-time employment in Ohio racing. They agree to provide any substantiation needed to satisfy this requirement.
- (2) Full-time employment means at least 75% of their earned income is derived from training and/or driving harness horses, with at least 40% of their programmed starts or a minimum of 30 programmed starts per year at Ohio commercial racetracks and/or county fairs. Out-of-state stake races, early closers and late closers are excluded from the calculation. They further agree to prove earned income in the event of a challenged eligibility.
- (3) The trainer must have a signed trainer responsibility letter on file at the OHHA office. All groom signups are done in person with the OHHA Track Representative or Track Director at Hollywood at Dayton Raceway, Miami Valley Gaming, Northfield Park, or Scioto Downs.
- (4) Ohio Resident trainer must sign and date the monthly eligibility sheet, after all their grooms have signed the sheet.

B. Ohio State Resident Groom working for eligible Ohio Resident trainer:

- (1) For a Groom to be eligible for the free Health Insurance plan, he or she must be a full-time Ohio groom who earns at least 75% of his or her earned income from grooming horses for an Ohio resident trainer in Ohio and to maintain eligibility, they must sign the monthly eligibility sheet. Grooms not signing are terminated. Grooms are responsible for providing the OHHA office with a Doctor's letter before they go on medical leave.
 - Must hold a valid Ohio State Racing Commission license.
 - Grooms shall not qualify for or be enrolled for insurance coverage in any other racing jurisdiction.
 - Grooms may be listed as a fractional owner or full owner of one horse and shall not exceed 75 driving starts per year.
- (2) Trainer must provide proof of worker's compensation insurance, and provide payroll checks with deductions for State and Federal Taxes.
- (3) I understand that coverage is for medical and prescription only, no occupational injury or illness claims are covered by the Plan as outlined in the Summary Plan Document.