

HARNESS HORSEMEN'S RETIREMENT PLAN

In 1984 the Ohio Legislature provided for the Harness Horsemen's Retirement Plan through House Bill 639, codified as R.C.3769.21. The Plan is a balance-forward plan with the intent to provide a fixed retirement plan for Ohio's full-time Standardbred Racing participants, including drivers, trainers, breeding farm employees, and grooms. It is an I.R.S. 457(e)(12) exempt, non-qualified plan, with no roll-overs, and no contributions from participants. It is not an IRA, 401K, or an ERISA qualified plan; this is a trust plan with non-qualified deferred compensation.

ELIGIBLE PARTICIPANTS Each participant must meet the requirements of being employed full time in their employment category and 75% of their gross income must be derived from said employment. W2s or other proofs of salary may be required. The following are the specific eligibility requirements for each category.

GROOMS must have a current license from the Ohio State Racing Commission. They must have six (6) months full time employment in the Harness Racing industry prior to becoming eligible. They must be enrolled six (6) months in the OHHA health insurance plan for grooms.

BREEDING FARM EMPLOYEES must have six (6) months full time employment in the Harness Racing industry and be employed by a qualified Ohio breeding farm.

DRIVERS AND TRAINERS must have a current license from the Ohio State Racing Commission. Driving and training starts may not be combined to achieve eligibility under the Plan. Drivers and trainers are not credited with starts made outside Ohio. A person may qualify for both training and driving starts if they meet the minimum requirements of each. All trainers and drivers must be permanent residents of Ohio. The contributions for each participant will be determined on a yearly basis by the Trustees of the Plan.

HOW THE PLAN IS MANAGED

R.C.3769.21 directed a corporation to be formed to administer the Plan. That corporation is Harness Horsemen's Health and Retirement, Inc. The Corporate Bylaws established a Board of Trustees to oversee the program and a Program Administer to administer the program. Trustees are nominated and appointed by the Plan's Trustees and the appointments are ratified by the Ohio State Racing Commission.

All monies received are to be spent only to administer the Plan and to finance benefits. R.C.3769.21 provided for funding to come from a portion of the breakage at Ohio's four commercial harness tracks. In 2015 (for the 2014 qualified, eligible participants) contributions were supplemented with monies approved by the Ohio Harness Horsemen's Association Board from VLT funding and transferred to the Plan. The amounts contributed to the Plan will vary each year.

INVESTMENT OF FUNDS

The funds are invested upon direction of the Trustees to safeguard the corpus, but provide a competitive rate of return. The Trustees have chosen Fifth-Third Bank as the Fund Manager. Monthly reports are provided to the Trustees and participants are provided quarterly statements summarizing asset performance, yearly contribution, and account balance.

McDonald Hopkins LLC, a law firm in Cleveland, Ohio, is the Plan's legal advisor.

If you have questions concerning the plan or its applicability to you, contact

Harness Horsemen's Health and Retirement Plan.

Mail: 2237 Sonora Drive, Grove City OH 43123. Phone: 614.221.3650. Email: HHHRP@ohha.com.

HARNESS HORSEMEN'S HEALTH & RETIREMENT
ENROLLMENT FORM

BREEDING FARM / DRIVER / GROOM / TRAINER
(Please circle one)

I. Participant Information

SS# _____ - _____ - _____ Date of Birth _____ / _____ / _____

Name _____

Address _____

City, State, Zip Code _____

Phone (____) _____ - _____ OSRC License.# _____ USTA License # _____

☐ Ohio Resident

II. Employment Information

☐ Self-Employed ☐ Employed by Employer

Employer Name _____

Employer's Address _____

City, State, Zip Code _____

Date of Employment _____

Employers Signature _____

III. Beneficiary Designation

Beneficiary Name _____

Beneficiary Address _____

City, St., Zip _____

Beneficiary Phone Number (____) _____ - _____

Beneficiary Relationship _____

(Over)

IV Contingent Beneficiary

Name _____

Address _____

City, St, Zip _____

Beneficiary Phone Number (_____) _____ - _____

Beneficiary Relationship _____

V. Certification

I certify that I meet the requirements as a full time Breeding Farm Employee, Driver, Groom or Trainer in the Standardbred Industry under the Harness Horsemen's Retirement Plan and that at least 75% of my earned income in my initial plan year of eligibility is derived from Ohio harness racing industry. I also certify that the above information is accurate and further understand that any falsification provided in this enrollment form shall result in the termination of my benefits under the Harness Horsemen's Retirement Plan coinciding with and retroactive to the date of application.

Signature of Breeding Farm Employee, Driver, Groom or Trainer

Date _____

ANY INCOMPLETE ENROLLMENT FORM WILL NOT BE PROCESSED

Office Use Only:

Date Enrolled _____ Date Terminated _____