



Illinois Harness Horsemen's Association

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Hinsdale, IL 60521

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(800) 572-0213 Toll Free In Illinois
Fax (630) 323-0761
Toll Free Infoline (888) 601-7223

I certify that the following individuals are employed by me as grooms or assistant trainers, are covered by me for workmen's compensation (where applicable) and to the best of my knowledge are deriving seventy-five percent (75 %) of their gross income from training and/or grooming horses.

... Further ...

I understand that the certification provided by me will be used in part for determining eligibility for IHHA subsidized health insurance. I agree that employment records, income verification, W-2's, quarterly wage reports and/or cancelled payroll checks will be made available to the IHHA office upon request. Documentation of my current workmen's compensation coverage will also be made available if requested by the IHHA.

... Further ...

I understand that if any person named below is not in fact my employee, not covered by workmen's compensation (where applicable) by me or if I have knowledge that the individual does not derive seventy-five percent (75 %) of their income from training and/or grooming horses, **I agree to indemnify the IHHA** from any insurance claims incurred by said person and any cost and expense incurred by the IHHA on said person's behalf, and further, my insurance benefits under the IHHA Welfare Benefit Program will be subject to termination.

Please PRINT the names of assistant trainer (AT) and/or grooms (GR) you employ.

Occupation	Occupation
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Printed name of trainer

Signature of trainer

Date

Please return to the IHHA office by fax or mail as soon as possible.