



## HBPA of Ontario

### Administrative Office

135 Queen's Plate Drive, Suite 370, Toronto, Ontario M9W 6V1

Telephone: 416-747-5252 or 1-866-779-3067

Fax: 416-747-9606 / Email: [general@hbpa.on.ca](mailto:general@hbpa.on.ca)

Website: [www.hbpa.on.ca](http://www.hbpa.on.ca)

## PENSION PLAN ENROLMENT FORM

Registration Number: 1049550

### APPLICANT'S INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
SOCIAL INSURANCE NUMBER:	ORC LIC. NUMBER:	
DATE OF BIRTH: (DAY/MONTH/YEAR)	GENDER: M <input type="checkbox"/> / F <input type="checkbox"/>	
STREET ADDRESS:	APPT #:	
CITY:	PROVINCE:	POSTAL CODE:
PHONE NUMBER:	ALTERNATE NUMBER:	

### APPLICANT'S WORK HISTORY FOR LAST TWO YEARS

Year employment began at the Woodbine or Fort Erie racetrack: \_\_\_\_\_

TRAINER'S NAME & SIGNATURE:	_____	
DATES OF EMPLOYMENT (DAY/MONTH/YEAR) FROM:	TO:	
TOTAL HOURS WORKED:	LICENSED AS:	
TRAINER'S NAME & SIGNATURE:	_____	
DATES OF EMPLOYMENT (DAY/MONTH/YEAR) FROM:	TO:	
TOTAL HOURS WORKED	LICENSED AS:	

(If there is not enough room to list your work history for the last two years, please attach a separate piece of paper.)



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## **BENEFICIARY INFORMATION**

**LAST NAME:**

**FIRST NAME:**

**MIDDLE NAME:**

**RELATIONSHIP TO YOU:**

**STREET ADDRESS:**

**APPT #:**

**CITY:**

**PROVINCE:**

**POSTAL CODE:**

**PHONE NUMBER:**

**ALTERNATE NUMBER:**

### **NOTE TO APPLICANT:**

*All designations remain in effect until they are revoked in writing and sent to the Horsemen's Benevolent and Protective Association of Ontario (HBPA). If you have a spouse when you die, provincial legislation may stipulate that death benefits be paid to your spouse.*

*Please advise the HBPA if your personal circumstances such as your marital status or preferred beneficiary change.*

I understand that this form is solely an application for membership in the Horsemen's Benevolent and Protective Association of Ontario Pension Plan (the "Plan") and that I will not become a member of the Plan unless my period of licensing by the Ontario Racing Commission (the "Commission") has been verified and the Pension Committee has approved my application.

I understand that, although the Plan booklet sets out how HBPA intends to administer the Plan, it is possible that the Plan may have to be revised in order to be registered by the applicable authorities and no recipient of the booklet or the enrolment form is automatically entitled to benefits from the Plan.

I hereby authorize the Commission to release to the Pension Committee such information from their records as the Pension Committee may require provided such information is utilized only for the purposes of the Plan.

I understand that if I become a member of the Plan and I fail to provide information requested by the Pension Committee within the time limits established by the Pension Committee, I will immediately cease to accrue benefits under the Plan.

I understand that the Pension Committee may require information further to that which is set above.

I understand that if I become a member of the Plan and it is discovered that I have provided incorrect information to my employer, the Pension Committee or the Commission and such information was relied upon for purposes of the Plan, I will immediately cease to accrue benefits under the Plan and I will not be entitled to any benefits arising from the incorrect information.

**APPLICANT'S SIGNATURE & DATE**

**WITNESS SIGNATURE & DATE:**