

**This Form Must Be Completed To Receive Consideration For Payment:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ Ins. Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

# of Starts \_\_\_\_\_ Type of License \_\_\_\_\_

REQUEST FOR (check one) **MEDICAL** \_\_\_\_\_ **DENTAL** \_\_\_\_\_ **OPTICAL** \_\_\_\_\_ **OTHER** \_\_\_\_\_

Brief Description of needs: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If racing under a partnership state the name: \_\_\_\_\_

**Has Claimant or Employer started horses?**

**You MUST have 5 starts in the current year to be eligible for assistance.**

2026: TRACK: \_\_\_\_\_ HORSE: \_\_\_\_\_

Attach all bills or paid receipts and return with application within 60 days from the date of service to:

TRAO  
1 Remington Place  
Oklahoma City, OK 73111  
ATTN: Heather

*To assist the TRAO in determining my eligibility for the benevolence program,  
I authorize the release of any medical, dental, insurance or other HBPA affiliates records for myself to:*

*THOROUGHBRED RACING ASSOCIATION  
dba  
OKLAHOMA HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**By signing, you acknowledge that you have read and understand the  
TRAO's Benevolence guidelines and rules.**



## Thoroughbred Racing Association of Oklahoma

One Remington Place • Oklahoma City, Oklahoma 73111

Telephone: 405.427.8753 • Fax 405.427.7099 • hlawson@traoracing.com

### **2026 BENEFIT REQUEST FORM**

#### ***REMEMBER:***

***THIS IS NOT AN INSURANCE PROGRAM. IT'S AN OWNER FUNDED ASSISTANCE PROGRAM. THIS PROGRAM IS NOT INTENDED TO SUBSTITUTE FOR PRIVATE INSURANCE. ALL TRAO MEMBERS ARE ENCOURAGED TO CARRY INSURANCE FROM A PROVIDER IN CASE OF CATASTROPHIC ILLNESS.***

#### **PLEASE READ THE FOLLOWING CAREFULLY**

***Eligibility for benevolence assistance will begin after five starts have been obtained by the owner/trainer in the current calender year. TRAO will not cover any sevicees that are performed prior to the date of the fifth start.***

***Benevolence eligibility will cease after the last race day of the Remington Park meet for that year. TRAO will not cover any services that are performed after that date.***

2. FREE-LANCE EXERCISE PERSONNEL AND PONY PERSONNEL are NOT eligible for benevolence
3. All benevolence requests MUST fill out this form and provide a **CURRENT copy of their OHRC license.**
4. Benevolence benefits will be DENIED until these steps have been completed. All TRAO members employees' requesting benevolence must have their employer sign the benevolence request form prior to the issuance of benevolence benefits.
5. Owner, Trainer and Assistance Trainers dependents under the age of 18 are eligible.
6. When submitting reimbursement for Medical, Dental, Optical or RX, the **ORIGINAL** receipt and/or billing invoice must accompany the request. This includes what the prescription is written for. The TRAO will supply copies to the benevolence requestor of the original receipt upon request.
7. ALL benevolence requests must be made within **sixty (60)** days of the procedure.