

*New Mexico Horsemen's Association  
State Office  
P.O. Box 8695 Albuquerque, New Mexico 87198  
(505) 266-7056  
Nmhastate1@aol.com*

# Medical Benefit Claim Form

*Please fill out and return with a copy of your NMRC license*

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

NMRC License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

(Circle one) **OWNER TRAINER ASST TRAINER GROOM PONY PERSON EXERCISE PERSON**

**Please fill out section A, B, or C**

A) ILLNESS \_\_\_\_\_

a. Symptoms \_\_\_\_\_

B) ACCIDENT \_\_\_\_\_

a. Where did accident occur? \_\_\_\_\_

b. What happened? \_\_\_\_\_

C) PRESCRIPTIONS \_\_\_\_\_

a. Please get a prescription history printout from you Pharmacist.

Do you have insurance or Medicare? (circle one) **YES NO**

If you answered **YES** then you must file with that company first, then submit your EOB to the NMHA office.

NAME OF HORSE \_\_\_\_\_ DATE LAST RAN \_\_\_\_\_ TRACK \_\_\_\_\_

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NAME OF HORSE \_\_\_\_\_ DATE LAST RAN \_\_\_\_\_ TRACK \_\_\_\_\_

**ILLNESS ELIGIBILITY AMOUNTS PER YEAR**

Trainer & Immediate Family	\$1250 per family
Owner & Immediate Family	\$1250 per family
Asst. Trainer	0
Groom	0
Exercise Rider	0
Pony Person	0

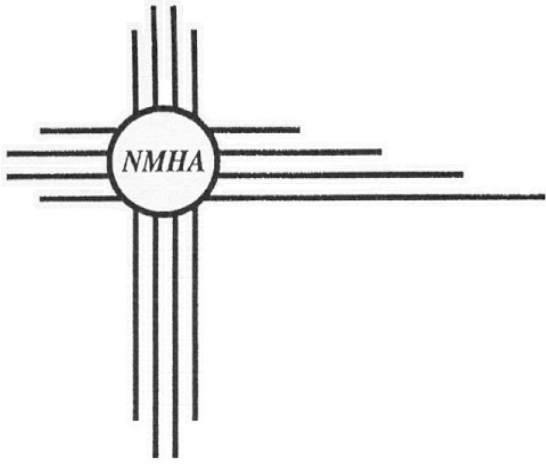
**ACCIDENT ELIGIBILITY AMOUNTS (HORSE RELATED) PAY PER ACCIDENT**

Must be horse related and occur on a NMRC licensed racetrack grounds.

Trainer	\$1500
Owner	\$1500
Asst. Trainer	\$1500
Groom	\$1500
Pony Person	\$1500
Exercise Rider (in barn area ONLY)	\$1500

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Trainer (if applicable)



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I, \_\_\_\_\_ appoint the New Mexico Horsemen's Association (NMHA) to represent me at:

Sunland Park Racetrack & Casino  
SunRay Park & Casino  
Ruidoso Downs Racetrack & Casino  
Downs at Albuquerque Racetrack & Casino  
New Mexico State Fair  
Zia Park Racetrack & Casino

By this appointment, I authorize the NMHA to negotiate for me the terms and conditions affecting race conditions, purses, backside conditions (including stalls), etc., and I also authorize the NMHA to represent me exclusively in approving (or not) interstate off-track wagering in which my racehorses run, or any simulcasting. I revoke any prior or later appointment or designation I may have signed appointing another purported horsemen's group to represent me at the above racetrack for these purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NMRC License #