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ANNUAL ELIGIBILITY CHECK FORM FOR GROOMS ON COSA LIFE/HEALTH/DENTAL BENEFITS

Name: _____ SC/ORC# _____

Address: _____

Phone Number: _____

Are you currently working full time as a groom? Y or N (please circle)

Who is your current employer? _____

You **MUST** provide proof of full time employment by attaching a **copy** of your most recent pay stub or cheque.

You **MUST** also hold a **valid Standardbred Canada and ORC license** to be eligible.

This form **MUST** be returned to the **COSA office** by **Friday, February 1, 2013**. Failure to return this form will result in **termination of your benefits immediately**.

If you have any questions please contact Cathy Boughton or Stacey Newman at the COSA office 905-854-2672.