



CENTRAL ONTARIO STANDARDBRED ASSOCIATION

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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.

This form **MUST** be returned to the COSA office by October 14, 2011. 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.