



INSURANCE CLAIM FORM

SUBMIT WITHIN THIRTY (30) DAYS FROM DATE OF INJURY

SUBMIT THIS FORM TO YOUR LEAGUE FOR VERIFICATION BEFORE SENDING TO ILLINOIS YOUTH SOCCER!

Illinois Youth Soccer (IYSA) will not accept, process or pay bills and approve or verify insurance payments. **Incomplete Claims will be returned.** Please complete and submit this IYSA Insurance Claim Form, Youth Soccer Accident Proof of Loss Form, and copy of claimant's IYSA Medical Release & Liability Waiver to the Illinois Youth Soccer Association within thirty(30) days from the date of accident. **Do not include medical bills.** Insurance company will reject all claims that have not been processed and approved by the IYSA. The IYSA will reject all claims that have not been completed and signed by the claimant, verifying coach and affiliated league. Do not wait for the bills before filing a claim with the IYSA. IYSA coverage is secondary if claimant has primary insurance coverage. There is a \$500 deductible. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

1. **If you have other insurance, submit your claim and itemized bills to the other carrier immediately.**
2. Have the coach and witness verify accident occurrence by his/her signature where indicated.
3. Obtain your League Officer's signature on the IYSA Claim Form verifying that the claimant was a currently registered player in good standing with his/her league and the IYSA at the time of the accident, that the accident occurred during IYSA affiliate league approved youth soccer activity and that the claimant had IYSA authorization to participate in the IYSA/USYSA sanction youth soccer activity in which the claimant was injured
4. Complete and submit to IYSA this IYSA Insurance Claim Form, Insurance and Youth Soccer Accident Proof of Loss Form with verification signatures.
5. **SUBMIT TO IYSA COPY OF CLAIMANT'S IYSA MEDICAL RELEASE & LIABILITY WAIVER WITH CLAIM.**
6. Keep copies of all documents and bills in the event that they are lost in the mail.
7. Incomplete and unsigned forms will be returned to the claimant.
8. The IYSA is not responsible for processing delays due to incomplete, improperly completed or returned claim forms and postal delays.

THIS SECTION TO BE COMPLETED BY CLAIMANT:

Date of Accident _____ Player's Pass No. _____
 Claimant's Name _____ Birthdate _____
 Street Address _____
 City, State, Zip _____
 Home Phone(_____) _____ Parent/Guardian Work Phone(_____) _____ Email _____
 Team Name _____ U- _____ BOYS GIRLS
 Club Affiliation _____ IYSA League Affiliation _____

I the undersigned claimant or parent/guardian (for a minor) hereby certify that the injury occurred in the indicated Illinois Youth Soccer Association, US Youth Soccer or IYSA affiliated league activity and the information provided in the insurance claim is correct.

Claimant or Parent/Guardian's Signature for a minor _____ Relationship to Minor _____ Date _____

THIS SECTION TO BE COMPLETED & SIGNED BY CLAIMANT'S COACH:

Verifying Coach's Name _____ Team Name _____ U- _____
 Coach's Street Address _____
 City, State, Zip _____
 Home Phone(_____) _____ Work Phone(_____) _____ X _____
 Email _____

INDICATE ACTIVITY IN WHICH INJURY OCCURRED:

LEAGUE GAME TOURNAMENT STATE CUP PRACTICE Other _____ Date _____
 If injury occurred at Tournament, indicate TournamentName _____
 Tournament Location (City, State) _____ Date _____
 Describe Injury (Indicate left or right leg, foot, etc.) _____
 Describe How Injury Occurred _____

I, the undersigned team coach hereby certify that the claimant's injury occurred in the above listed Illinois Youth Soccer Association, US Youth Soccer, or IYSA affiliated league activity. Verifying Coach's Signature _____ Date _____

THIS SECTION TO BE SUBMITTED TO AFFILIATED LEAGUE NOT IYSA FOR VERIFICATION

League Name _____ League Official _____

By my signature I verify that the claimant is currently registered and in good standing with the above listed IYSA affiliated league.
 League Official's Signature _____ Title _____ Date _____

FOR ILLINOIS YOUTH SOCCER VERIFICATION ONLY

IYSA Official _____ Title _____ Date _____

**SEND COMPLETED FORM TO: ILLINOIS YOUTH SOCCER ASSOCIATION - INSURANCE CLAIM
 1655 S. ARLINGTON HEIGH ROAD, SUITE 201, ARLINGTON HEIGHTS, IL 60005
 847/290-1577 847/290-1576(F) www.illinoisyouthsoccer.org**



2010-2011

Accident Claims Information

How to File an Accident Claim

This is an Excess Policy. If you are covered under any other insurance or Health Care Plan, you must submit your bills to your other insurance carrier first.

1. **Immediately** submit a claim for all medical expenses to your primary insurance carrier, the company that administers your own personal or group insurance or healthcare plan including Major Medical coverage. If you have coverage through an HMO or similar facility, you must use that facility first or the claim will not be covered under this policy.
2. Obtain an Illinois Youth Soccer Insurance Claim Form and Bollinger Accident Claim Form from Illinois Youth Soccer office or your League office. You may also click here to print them from this web site.
3. Fully complete and sign both claim forms and attach copy of your Illinois Youth Soccer Medical Release & Liability Waiver.
4. Submit completed claim forms and waiver to your League office for verifying signature before sending them to the Illinois Youth Soccer office.
5. After obtaining the League's verifying signature, submit both claim forms and waiver to Illinois Youth Soccer Association, Insurance Claim Department, 1655 S. Arlington Heights Road, Suite 201, Arlington Heights, IL 60005.
6. Once you have a claim on file with Illinois Youth Soccer and only after your primary insurance or healthcare plan has paid the medical expenses up to the policy limits, submit any unpaid bills and copies of payments made by your insurance company (Explanation of Benefits) to Bollinger, Inc., PO Box 390, Short Hills, NJ 07078-0857. Send subsequent bills to Bollinger as you receive them. Be sure to write the claimant's name, claim number, and date of accident on all subsequent bills.

Important Note: This policy is subject to a 104 week benefit period. This means only those medical or dental expenses that are incurred within 104 weeks (2 years) of the date of injury are eligible for coverage under this policy. Any expenses or treatments that take place after the 104 week benefit period cannot be covered by this policy.



1655 South Arlington Heights Road, Suite 201 - Arlington Heights, Illinois 60005 - U.S.A.
Telephone: 847.290.1577 - Fax: 847.290.1576 - E-mail: info@illinoisyouthsoccer.org

www.illinoisyouthsoccer.org

