

All claims must be submitted within 90 days of the injury .

Each claim is subject to a \$200 Deductible

How to file a claim:

- Obtain an AYSO “Soccer Accident Insurance” (“SAI”) Claim form from your regional safety director or commissioner.
 - Complete Part I (items 3 - 18); Part II and the Authorization to Pay Benefits to Provider.
 - Submit the original claim form to the regional commissioner or safety director for their signatures on Items 19 and 20. The original will be returned to you.
 - It is the responsibility of the injured party, parent or guardian to make a copy of the claim form and mail the completed form to HSR. The address is located at the top of the form.
 - If you or your player is covered by any other health care plan (primary), you must submit the claim to them first. After your other plan has paid its share of the claim, you may then submit any remaining balances to the AYSO plan. Be sure to send copies of all itemized bills and the Explanation of Benefits (EOB) form outlining the benefits paid under your primary plan.
 - For claim assistance call HSR at 877-477-2976.
- Complete Part B, the portion of the claim form marked “To be completed by claimant,” and “Statement of insurance.” Incomplete claim forms cannot be processed.
- “Eligibility verification” Part A: Secure signatures from the two authorized AYSO officials: the safety director and the regional commissioner.
- Be sure the authorized AYSO officials have fully completed every section of PART A including the AYSO region number and a valid AYSO ID number before you mail the claim form. Claim forms without this information can not be processed.
- It is the responsibility of the claimant to make a copy for his own records and then mail the claim form to the address listed below.

If you or your player is covered by any other health care plan, you must submit your bills to the other plan first. After your other plan has paid its share of the claim, you may then submit any remaining balances to the AYSO plan. Be sure to send copies of all itemized bills and the Explanation of Benefits (EOB) Form outlining the benefits paid under your primary plan.

Send your claim form with all relevant documents to:

Dianna Reeser

QBE Insurance Corporation

AYSO Accident Claims

The Loomis Company

P.O. Box 13906

Reading, PA 19612

e-mail: DReeser@Loomisco.com

(888) 585-7065