

Please print or type. Incomplete forms will be returned.

SEND COMPLETED FORM & BILLS TO:



SPORTS ACCIDENT CLAIM FORM



NAHGA Claim Services
PO Box 189
Bridgton, Maine 04009
(800) 952-4320
(207) 647-4569 Fax
aau@nahga.com

Underwritten by: Standard Security Life Insurance Company of New York

IMPORTANT NOTICE:
If you have other medical insurance, you must submit this claim to your other carrier first. When you receive their Explanation of Benefits, please send it to us with the corresponding itemized bills.

PART 1: POLICYHOLDER & INSURED

(1) Amateur Athletic Union of the United States		(2) Policy: SRU0001543		(3) <input type="checkbox"/> Athlete <input type="checkbox"/> Youth <input type="checkbox"/> Adult	
(4) Claimant - Last Name, First Name		(5) Claimant Social Security #		<input type="checkbox"/> Non-Athlete <input type="checkbox"/> Coach	
(6) Mailing Address where Insurance Info/Requests should be mailed		(7) City, State, Zip		<input type="checkbox"/> Official <input type="checkbox"/> Volunteer	
(8) Birthdate	(9) Male <input type="checkbox"/> Female <input type="checkbox"/>	(10) Home Phone		(11) AAU Member ID	
(12) Email	(13) AAU Club Name & Number		(14) District		
(15) If claimant is an adult, name and address of Employer:					

PART 2: INJURY DETAILS

(1) Date of Injury	(2) Address where occurred?	(3) Sport			
(4) Description of injury and how it occurred?				(5) Part of body injured (include Left or Right)	
(6) Date of first medical treatment	(7) Action Taken: <input type="checkbox"/> Released to Parent <input type="checkbox"/> Ambulance Transport <input type="checkbox"/> Refused Care <input type="checkbox"/> Referred to Hospital/Clinic <input type="checkbox"/> Own Accord (Adult)				
(8) Was injury during AAU licensed/sanctioned activity? Yes <input type="checkbox"/> No <input type="checkbox"/>		(9) List Name of Event	(10) License/Sanction #		
(11) Was injury at competition? Yes <input type="checkbox"/> No <input type="checkbox"/>		(12) Was injury as Supervised Practice? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(13) Was the claimant supervised when injured? Yes <input type="checkbox"/> No <input type="checkbox"/>		(14) Was injury during travel to or from scheduled activity in a supervised group? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(15) Print Name of Official/Coach/Club Representative		(16) Signature of NON RELATIVE Coach/Club Representative		(17) Phone	

PART 3: PARENT OR GUARDIAN STATEMENT (Must be completed if claimant is a minor)

(1) Father/Guardian Name	Telephone	(7) Mother/Guardian Name	Telephone
(2) Home Address (Street, City, State, Zip)		(8) Home Address (Street, City, State, Zip)	
(3) Employer		(9) Employer	
(4) Father's Employer Address (Street, City, State, Zip)		(10) Mother's Employer Address (Street, City, State, Zip)	
(5) Business Phone		(11) Business Phone	
(6) Employer Medical Insurance Policy		(12) Employer Medical Insurance Policy	
(6a) Is Claimant covered under that policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		(12a) Is Claimant covered under that policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PART 4: INSURANCE VERIFICATION

Is Claimant covered by any other insurance policy (other than this policy), either as an individual, dependent, group, automobile medical or liability? Yes No

If yes, please list name of insurance carrier: _____

Please note that if other insurance exists, all claims must be submitted to that other insurance policy first.

PART 5: AUTHORIZATION

I hereby authorize any hospital, physician, employer, or other person who has attended or examined the Claimant to disclose when requested to do so, any information to NAHGA CLAIM SERVICES with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of hospital or medical records and itemized bills. A photo static copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge and understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information thereto with the intent to defraud an insurance company.

X _____ Date _____

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

AUTHORIZATION TO PAY BENEFITS TO PROVIDER: I hereby authorize payment directly to the Provider of service for medical benefits, if any, otherwise payable to me for services rendered but not to exceed the reasonable and customary charge for those services.

X _____ Date _____

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

Note: If you do not sign the authorization to pay benefits to the provider and would like payment made directly to you, you MUST submit paid receipts for each bill.



AAU Registered Member Sports Accident Claim Procedure

1. To file this form you must be an AAU member.
2. Complete a Sports Accident Claim Form, and mail it to NAHGA as soon as possible. Keep one copy for your records.
3. You must have a Non Relative Coach/Witness or Club Administrator sign the form.
4. You will receive a confirmation letter from NAHGA acknowledging receipt of form, assigning a case number, and providing instructions.

NOTE:

- Each claim is subject to a \$200 deductible (for Youth, Coaches, Volunteers & Officials) or \$500 deductible (for Adult participants)
- Sports Accident Form must be submitted to NAHGA within 90 days after the date of the injury/loss/incident.
- Injured member must seek treatment by a Physician within 90 days of date of injury/loss/incident.
- Benefits are payable for such covered charges that are incurred within 52 weeks from date of injury.
- Submit all claims to your primary insurance carrier first. If dental claim please submit to dental and health insurance.
- Signature of injured party or legal guardian is required.
- Payment will be made directly to medical providers unless paid receipt is included with submission.

Submit Sports Accident Claim Form to via mail, fax, or email:

NAHGA Claims Services
88 Main Street
PO Box 189
Bridgton, ME 04009

Tel # 800-952-4320
Fax# 207-647-4569
Email: AAU@nahga.com