



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!
INCOMPLETE CLAIMS WILL BE DISCARDED.

Illinois Youth Soccer (IYSA) does not accept, process, pay, approve, and/or verify insurance payments. 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 SUBMIT BILLS TO IYSA.** 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 Insured or parent/guardian for a minor, verifying coach and affiliated league. Do not wait for the bills before filing a claim with the IYSA. IYSA coverage is secondary if Insured has primary insurance coverage. Benefits for Medical Expense within the policy or certificate will be paid only for Medical Expense which is not recoverable from any other insurance policy, service contract or workers' compensation. Failure by an Insured to follow the terms and conditions of his/her primary coverage will result in a benefit reduction of eligible expense to Fifty Percent (50%) of the amount otherwise payable. 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. CONTACT YOUR PRIMARY INSURANCE CARRIER IMMEDIATELY & FOLLOW THEIR TERMS & CONDITIONS.**
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 Insured was a currently registered player in good standing with his/her IYSA member league at and the IYSA at the time of the accident, that the accident occurred during IYSA member league approved youth soccer activity and that the Insured provided written notice to the IYSA prior to participating in a non-IYSA activity in which the Insured was injured.
4. Complete and submit to IYSA this IYSA Insurance Claim Form as well as the Pullen Insurance Form found at <http://pullenins.com/accidentmedicalclaimform.asp>
- 5. SUBMIT TO IYSA COPY OF INSURED'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. **DO NOT SUBMIT BILLS TO IYSA.**
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 INSURED

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

I the undersigned Insured 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.

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

THIS SECTION TO BE COMPLETED & SIGNED BY INSURED'S COACH

Verifying Coach's Name _____ Team Name _____ U- _____
 Coach's Street Address _____
 City, State, Zip _____
 Primary/Cell Phone(_____) _____ Email _____

INDICATE ACTIVITY IN WHICH INJURY OCCURRED:

LEAGUE GAME TOURNAMENT STATE CUP PRACTICE Other _____ Date _____

If injury occurred at Tournament, indicate Tournament Name _____

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 Insured 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) mk@illinoisyouthsoccer.org
 CLAIM FORM REVISED 8/9/14