



# Soccer Accident Insurance (SAI)-Overview

## for the American Youth Soccer Organization



*\*This document is designed to give an overview of the insurance coverage. It is meant only as a general understanding of the SAI benefit and should not be construed as a legal interpretation of the insurance policy coverage, conditions or exclusions!*

**EXCESS POLICY:** Injuries occurring from JULY 1, 2016 for members registered with the AYSO National Office.

**KEEP THIS POLICY OVERVIEW – download the full version from [www.ayso.org](http://www.ayso.org).**

Excess Coverage requires the following and is subject to all policy terms, conditions and exclusions:

- proof of loss **must** be filed within 90 days;
- each claim is subject to a **\$1,000** deductible and 20% member Coinsurance;
- first **medical or dental** expense must be incurred within 90 days of covered accident;
- **52 week benefit period** from date of the covered accident;
- Accident Medical Expense Benefits are only payable for allowable expenses incurred after the deductible has been met.

<p><b>FORMS:</b> www.ayso.org – <b>For Families</b> tab and click on Insurance.</p>	<p><b>QUESTIONS:</b> Email: <a href="mailto:insuranceclaims@ayso.org">insuranceclaims@ayso.org</a></p>
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### COVERED PERSONS:

All AYSO **currently** registered\* members [players, coaches, managers, team workers, scorekeepers, referees, officials and volunteer workers] are “Covered Persons” for accidental bodily injury while participating in the following covered activities:

- Team practice sessions, scheduled games, tournaments, or other AYSO sanctioned activities [meetings, banquets, fundraisers] provided they are under the direct supervision of an AYSO registered volunteer.
- Travel of covered members to and from a sponsored activity such as practice sessions, games, tournaments, or AYSO sanctioned activities, provided that players are traveling as a team and a licensed adult driver operates the vehicle.

*\*Registration requirements will be verified before any benefits are paid.*

<p><b>MAXIMUM BENEFITS PAYABLE:</b></p> <ul style="list-style-type: none"> <li>• \$15,000 Maximum for Accidental Death &amp; Dismemberment</li> <li>• \$50,000 Maximum for Accident Medical expenses including:</li> <li>• \$10,000 for Dental Benefit for injuries to sound natural teeth</li> <li>• \$10,000 Orthopedic Benefit</li> <li>• <b>\$100 Physical Therapy per day up to 10 days</b></li> <li>• <b>\$100 Out Patient Occupational Therapy per day up to 10 days</b></li> </ul>	<p><b>REMEMBER:</b></p> <ul style="list-style-type: none"> <li>• Each claim is subject to a \$1,000 deductible &amp; 20% member Coinsurance.</li> <li>• Carrier <b>MUST</b> receive written proof of loss within 90 days of the date of injury.</li> <li>• If the registered member is covered by any other health care plan, all bills must be submitted to the other health plan first.</li> <li>• Medical providers should submit itemized bills (UB04 or CMS1500) directly to AYSO's insurance.</li> <li>• Copies of Explanation of Benefits (EOB) must be sent along with the SAI claim form.</li> </ul>	<p><b>THE CLAIMANT MUST:</b></p> <ul style="list-style-type: none"> <li>• Obtain an AYSO Soccer Accident Insurance (SAI) Claim form from: <ul style="list-style-type: none"> <li>○ <b>www.ayso.org</b> (<i>For Families tab</i>)</li> <li>or</li> <li>○ Safety Director or</li> <li>○ Regional Commissioner</li> </ul> </li> <li>• Secure the signatures from the AYSO Regional Commissioner and Safety Director.</li> <li>• It is the responsibility of the <b>registered member to make a copy for his own records</b> and then mail the claim form to the address included in the claim instructions. Please consider sending the packet Certified though the US Postal Service.</li> <li>• <b>All claims are subject to the full policy terms and conditions</b></li> </ul>
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