 

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, 2021 f**or members registered with the AYSO National Office.**

**KEEP THIS POLICY OVERVIEW – *download the full version from 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.

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| **FORMS:** [www.AYSOvolunteers.org](http://www.AYSOvolunteers.org) – Use the Search function to find Soccer Accident Insurance  | **QUESTIONS:**Email: insuranceclaims@ayso.org |

**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.*

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| **MAXIMUM BENEFITS PAYABLE:*** $15,000 Maximum for Accidental Death & Dismemberment
* $50,000 Maximum for Accident Medical expenses including:
* $10,000 for Dental Benefit for injuries to sound natural teeth
* $10,000 Orthopedic Benefit
* **$100 Physical Therapy per day up to 10 days**
* **$100 Out Patient Occupational Therapy per day up to 10 days**
 | **REMEMBER:*** Each claim is subject to a $1,000 deductible & 20% member Coinsurance.
* Carrier **MUST** receive written proof of loss within 90 days of the date of injury.
* If the registered member is covered by any other health care plan, all bills must be submitted to the other health plan first.
* Medical providers should submit itemized bills (UB04 or CMS1500) directly to AYSO's insurance.
* Copies of Explanation of Benefits (EOB) must be sent along with the SAI claim form.
 | **THE CLAIMANT MUST:*** Obtain an AYSO Soccer Accident Insurance (SAI) Claim form from:
	+ **www.ayso.org** *(For Families tab) or*
	+ Safety Director or
	+ Regional Commissioner
* Secure the signatures from the AYSO Regional Commissioner and Safety Director.
* It is the responsibility of the **registered member to make a copy for his own records** 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.
* **All claims are subject to the full policy terms and conditions.**
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