 

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](mailto: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.** |