

## Alaska Adult Soccer Association

### Instructions for USASA Accident Policy Claim Form

- 1) Claim form can be found at [www.aasa-alaska.com](http://www.aasa-alaska.com) on the insurance tab.
- 2) Part A must be fully completed by the participant or his/her legal guardian.
- 3) Part B must be fully completed:

Team Name:	Team that is registered with League
League Name:	See list of Leagues below
State:	Alaska
Region:	IV
#8	Coach, manager, referee or other AASA registered player must Sign and date. League Verification Officer and USASA Verification Officer will be handled after submission of claim.
- 4) Participant or his/her legal guardian must sign and date on page 3 under authorization.
- 5) Scan and e-mail form to [aasainsurance@gmail.com](mailto:aasainsurance@gmail.com). Any questions call Paige at 907-240-6884.
- 6) Once claim is received and player registration verified by USASA Verification Officer, claim will be forwarded to K&K Insurance. K&K will process claim and send back acknowledgement letter with claim number and instructions.

NOTE: This coverage is excess of other insurance. Please be sure to submit other insurance information when requested. If you have medical coverage under another policy, you must submit the bills to your primary insurance first and submit a copy of your primary explanation of benefits (EOB) to K&K Insurance Group.

Any questions, please contact Paige at [www.aasainsurance.com](http://www.aasainsurance.com) or 907-240-6884

Leagues:

Soccer Alaska – Anchorage

MVSC – Mat Valley

CCSL – Juneau

Fox Hollow – Anchorage

FSA - Fairbanks Soccer Association