

Alaska Adult Soccer Association

Claim Filing Instructions for USASA Accident Policies

1. A claim form can be found at 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 participant is rostered on when accident occurred.
League Name:	Contact your league representative for verification.
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 claim to admin@aasa-alaska.com. Any questions, call Lori 907-317-9748.
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 claim 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 insurer first and submit a copy of your primary Explanation of Benefits (EOB) to K&K Insurance Group (after you have received claim number and instructions).

Any questions, please contact Lori at admin@aasa-alaska.com or 907-317-9748