

# UNITED STATES ADULT SOCCER ASSOCIATION

## ADDITIONAL PLAYER ACCIDENT INSURANCE COVERAGE

### \$25,000 MEDICAL EXCESS COVERAGE

Your league has the option of purchasing Additional Player Accident Insurance Coverage. If your league would like to purchase this additional coverage at \$3.65 per player, please complete the following information below and return to Jen Sunderland – [jsunderland@usasa.com](mailto:jsunderland@usasa.com). Additional Player Coverage does not take effect until form and payment are received by the insurance company.

LEAGUE NAME: \_\_\_\_\_

TEAM NAMES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF REGISTERED PLAYERS: \_\_\_\_\_

(PLAYERS MUST BE REGISTERED IN APPROVED REGISTRATION PROGRAM TO QUALIFY FOR INSURANCE COVERAGE)

Check payable: **USASA** for the additional per player fee

**AMOUNT DUE: \$3.65 X \_\_\_\_\_ = \$ \_\_\_\_\_**

The regular insurance offered through USASA has a \$5k Maximum Medical Expense Benefit however member leagues have the option of purchasing additional levels of insurance. A \$25k Maximum Medical Benefit – cost is \$3.65 per player.

Your additional level of insurance becomes effective the date the check is RECEIVED by the insurance company.

\*\* PLEASE NOTE, AS ADDITIONAL PLAYERS REGISTER THROUGH THE SEASON, IT IS THE LEAGUE'S RESPONSIBILITY TO COMPLETE AN ADDITIONAL COVERAGE FORM AND SUBMIT WITH PAYMENT TO USASA'S OFFICE. \*\*

### **RETURN FORM AND PAYMENT TO**

**USASA**

**7000 South Harlem Avenue**

**Bridgeview, IL, 60455**

**EMAIL: [jsunderland@usasa.com](mailto:jsunderland@usasa.com)**