



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 Amber Klimek - aklimek@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: aklimek@usasa.com