

**EXCESS ACCIDENT MEDICAL  
COACHES, MANAGERS, TIMERS, INSTRUCTORS, GOAL  
JUDGES AND VOLUNTEERS CLAIM FORM**

AIG Life Insurance Company



**INSTRUCTIONS:**

1. Complete the claim form - Please print or type.
2. Attach itemized bills for all medical expenses being claimed including the insured's name, condition being treated (diagnosis), description of services, date of service(s) and the charge made for each service.
3. Attach Primary Carrier's statements.
4. Retain copies for your records.
5. Association or League President must sign form.
6. We must have a copy of your *USA Hockey individual membership card* and *USA Hockey team roster* to process your claim.

- SRG 8054465
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**MAIL TO:**

AIG Claim Services  
A&H Claims Dept.  
P. O. Box 15701  
Wilmington, DE 19850-5701

1. Full Name of Insured Person		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street		Age	Weight
City	State	Zip Code	
1A. If a Minor, give Full Name of Parent or Guardian		1B. Phone No.	
1C. Employer's Name and Address		1D. Phone No.	
2. Beginner <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> Pee Wee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> High School <input type="checkbox"/> Women's Senior <input type="checkbox"/> Junior A <input type="checkbox"/> Junior B <input type="checkbox"/> Junior C <input type="checkbox"/> College <input type="checkbox"/> Seniors <input type="checkbox"/> Senior No Check <input type="checkbox"/> Youth Hockey Schools <input type="checkbox"/>			
3. On what <u>DATE</u> were you injured?	3A. <u>DATE</u> first treated by physician/dentist?	3B. Was it during a practice session? While playing in a sanctioned game?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Name of INJURY or TYPE of injury.			
5. Explain in <u>DETAIL</u> how the accident occurred.			
6. Do you have other hospital, medical or dental insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give name of Company, and state deductible if any.			
7. <u>Name &amp; address of Opposing Team</u>			

8. **CHECK ALL THAT APPLY:**

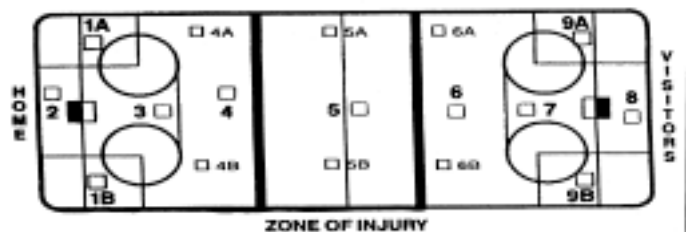
**Period Accident Occurred**  
 1st  2nd  3rd  OT

**Ice Conditions**  
 New  Old  Ruts  Other

9. Were you wearing any of the following at the time of injury?

- Helmet
- Gloves
- Mouth Guard
- Protective Cup

**LOCATION OF INJURY ON DIAGRAM  
(CHECK BOX NUMBER)**



**CLAIM FORM MUST BE SIGNED BY LEAGUE REPRESENTATIVE  
OR LEAGUE PRESIDENT FOR HIS VERIFICATION**

\_\_\_\_\_  
SIGNATURE OF LEAGUE OFFICER OR LEAGUE PRESIDENT

Date: \_\_\_\_\_

## EXCESS ACCIDENT INSURANCE PROGRAM

The USA Hockey Excess Accident Insurance Program is Underwritten by AIG Life Insurance Company. The insurance will pay THE ACTUAL COST of the services (doctors, hospitals, etc.) in excess of any other "collectible" insurance. There is no deductible if you have other "collectible" insurance. If you do not have any other "collectible" insurance, there is a \$1,000 deductible. The applicable deductible will apply to each accident. The medical limit of the policy is \$25,000 for each accident with a \$2,000 limit for teeth. Chiropractor visits will be limited to a maximum benefit of \$1,000 per policy term. Medical expenses for physical therapy (except following a hospitalization or surgery to a maximum of \$5,000), braces or prescriptions and the deductible portion of a primary insurance policy, are some of the expenses NOT COVERED by the policy.

**When submitting a claim, a USA Hockey Membership Card or Individual Membership Registration Form (IMR) and USA Team Roster is required for processing.**

**For additional information, call AIG Claim Services at 1-800-551-0824.**

### **REGULATORY FRAUD STATEMENTS:**

#### **For residents of California:**

For your protection, California law requires the following to appear on this form

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

#### **For claimants not residing in California, New York, or Pennsylvania:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.