UNITED STATES ADULT SOCCER ASSOCIATION

**ADDITIONAL PLAYER ACCIDENT INSURANCE COVERAGE**

**$25,000 MEDICAL EXCESS COVERAGE**

**2020**

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 Nick Schmitt – [nscmitt@usasa.com](mailto:nscmitt@usasa.com) or 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 Aveneue**

**Bridgeview, IL, 60455**

**PHONE: 708 496 6870 EMAIL:** [nschmitt@usasa.com](mailto:nschmitt@usasa.com)