

**ALL PLAYER ACCIDENT CLAIMS MUST BE COMPLETED ONLINE.
After January 14, 2024, USASA will no longer accept paper claims.**

A reminder that this is a supplemental accident insurance policy. For additional benefit information, please see the summary links on the USASA website.

You can submit an injury claim if you are a registered USASA player and your injury occurred during a sanctioned USASA event. Players need to file their claim within one year from the date of the injury. After your claim is approved you will receive emails from **cdxnotify@agadministrators.com** and **affinity@agadm.com** that will have your claim number and instructions on how to send your bills and Explanation of Benefits (EOB's).

You will need to have the following information ready to complete the claim:

Reporter information:

Select the title for the person reporting the injury – most likely, it will be the injured person. Then, fill in the reporter's name, phone number, and email address.

Injured Person:

Complete name
Gender
Date of Birth
Email Address
Phone Number
Complete Address

Team:

Team Name
Team State

Association – this is the USASA association your team is affiliated with. If you are unsure, please see our membership directory on our website.
League or Tournament Name – this will auto-populate for leagues purchasing buy-up insurance. For all players with the standard \$5,000 coverage, please select (type in manually) and then type the league or tournament name in.

Primary Insurance:

Carrier Name
Policy Holder Name
Policy Number
Group Number

Incident Details:

Date of Injury
Location
Event Name
Event Type – match or practice
Playing Surface Type
Weather Conditions

Injury Specifics:

Body Part
Side
Severity – you can enter this based on your pain level at the time of injury.
Injury Description – list the type of injury—for example – broken ankle.
Incident Description - describe how the injury occurred.

You can add attachments if you would like. Examples would include referee reports.

Sign the report on your computer and click submit. You must complete all sections of the claim for it to go through. You cannot submit the claim if you are missing a required field. Scroll through the form, and it will indicate which sections still need to be completed.

Once the claim is submitted, it will be sent automatically to the verification officer based on your answer in the Association section. If the claim is legit, your member association will approve it. After the claim is approved, you will receive an email from our insurance carrier (A-G) with your claim number. You will also receive a hard copy in the mail about 1-2 weeks after the claim number is issued. Further instructions for submitting medical bills will be included in the acknowledgment letter from AG.