

Accident Insurance Plan Procedures

Neal Kasamoto
AYSO Safety Director Region 48
Phone: (808) 392-7269
Email nkasamoto@hawaii.rr.com

THE SOCCER ACCIDENT INSURANCE IS A SUPPLEMENT TO YOUR FAMILY'S PRIMARY HEALTH INSURANCE. PLEASE NOTIFY THE SAFETY DIRECTOR AS SOON AS AN ACCIDENT OCCURS TO START THE PROCESS. THERE IS \$200.00 DEDUCTIBLE FOR THE SOCCER ACCIDENT INSURANCE PLAN AND THIS NEEDS TO BE SATISFIED, AS WELL AS, ANY OF YOUR PRIMARY HEALTH PLAN DEDUCTIBLES.

THERE ARE 2 FORMS TO COMPLETE: THE ACCIDENT FORM AND THE PARTICIPATION RELEASE FORM (PAR).

COACHES PLEASE COMPLETE PART A, THE ELIGIBILITY VERIFICATION AND THE AYSO NATIONAL ID NUMBER. IF YOU WERE THE WITNESS TO THE ACCIDENT OR INJURY, PLEASE WRITE A BRIEF DESCRIPTION OF THE EVENT AND GIVE THE FORM TO THE PARENTS TO COMPLETE THEIR PORTION.

PARENTS, PLEASE COMPLETE PART B THE CLAIMANT PORTION, AND THE STATEMENT OF INSURANCE PORTION. SIGN AND DATE THE FORM AT THE BOTTOM. THE COACH OR SAFETY DIRECTOR WILL COMPLETE THE AYSO NATIONAL ID NUMBER. RETURN THE ACCIDENT FORM TO THE SAFETY DIRECTOR AT:

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861 Kii Street
Honolulu, Hawaii 96825

WHEN THE CHILD IS READY TO PARTICIPATE IN AYSO GAMES AND PRACTICE AND HAS BEEN CLEARED BY THEIR DOCTOR, RETURN THE PAR TO THE COACH TO FORWARD TO THE SAFETY DIRECTOR OR MAIL DIRECTLY TO THE SAFETY DIRECTOR AT THE ABOVE ADDRESS. IF YOU HAVE ANY QUESTIONS, SUGGESTIONS OR COMMENTS, PLEASE DON'T HESITATE TO CALL ME AT THE ABOVE TELEPHONE NUMBER OR EMAIL AT THE ABOVE ADDRESS.

THANK YOU,
Neal Kasamoto