**West Deptford Soccer Secondary Medical Insurance**

* Make sure the players name and pass number with a description of the injury goes on the game card.
* If at practice injury details, players name and pass number must be submitted to the director.
* The participant’s' Primary insurance is the first insurance to use.
* A Secondary policy exists for all NJYS carded players, not only US Club carded players. The forms to fill out are on our web site.

Procedures to File a Accident/Medical Insurance Claim
You can download a [**Claim Form**](http://www.njyouthsoccer.com/Content/directors/upimg/dir5106/insurance/claimform2015.pdf)- Updated October 8, 2015.
Complete Sections I, II, IV, V and VI.  **NJYS must complete Section III**.

* The first line of Section 1 is the player and is the same as the patient.
* Be sure to enter your club name and team name on Line 1 of Section 2
* For travel team players make a copy of the team roster and photocopy of both sides of the player pass.
* If your player is also registered with another US Soccer organization include a copy of your Accident/Medical claim form that you have submitted to that organization.

**Please check and make sure that:**

a) You have signed both the ***Statement of Certification*** and ***Authorization to Release Information*** on Page
    2, Section VI.  Your claim will be returned if these two sections are not signed

b) You have fully completed only Sections I and II on the front of claim form.

**Send the completed form to the NJYS office within 90 days of the injury**.  Do not wait for bills from you medical service providers or payments made by your insurance carrier.  Do not send the claim form directly to K&K Insurance Group Inc. They will not accept a claim without the authorization of the NJYS Office.

**Please include a copy of the referee report for the match the injury occurred if available.**
**IMMEDIATELY** submit a claim for all medical expenses to the Company that administers your own personal or group insurance or healthcare plan (including Major Medical coverage).  If you have coverage through an HMO or similar facility, you must use that facility first or the claim will not be covered under this policy.

After your other insurance or healthcare plan has paid the medical expenses up to the policy limits, attach any unpaid bills and copies of payments made by your insurance company (Explanation of Benefits) and mail to K&K Insurance Group, Inc. at the address shown below.

All subsequent bills should be sent to K&K Insurance Group, Inc as you receive them. Please write the claimant’s name and date of accident on all subsequent bills.  A new claim form is not necessary.  Bills that are sent to the NJYS office will only delay payment to your service provider.  Once the claim has been filed with NJYS, any bills should be submitted directly to:

K&K Insurance Group, Inc
Claims Department  PO Box 2338
Fort Wayne, Indiana  46801-2338