AMERICAN YOUTH FOOTBALL & AMERICAN YOUTH CHEER

BASIC PROCEDURES FOR SUBMITTING A CLAIM

SPECIALTY BENEFITS, INC.
an affiliate of K&K Insurance Group, Inc.

STEP 1 - TO THE AUTHORIZED TEAM/ASSOCIATION/SQUAD OFFICIAL

1. **If the injured participant is associated with a football team, complete and sign Part 1A - American Youth Football – Injury Report.**
2. **If the injured participant is associated with a cheer squad, complete and sign Part 1B - American Youth Cheer – Injury Report.**
3. Make and retain a copy of all documents for your records.
4. **Forward the completed Injury Report and this claim packet to the injured person or parent/guardian for completion of Part 2 – Excess Medical Claim Form and submission to the Claims Administrator.**

STEP 2 - TO THE INJURED PERSON OR PARENT/GUARDIAN IF A MINOR

1. **The injured participant or participant's parents/guardian should complete PART 2 - Excess Medical Insurance Claim Form.**
2. Attach current itemized physician, hospital or other provider's bills for accident medical expenses being claimed as well as the primary carrier's Explanation of Benefits showing payments and denials. These bills must show the patient's name, condition being treated (diagnosis), type of treatment given, date the expense was incurred and the changes made.
3. **Claim forms will be returned if not fully completed and signed.** Omission of vital information will cause a delay in claim processing.
4. Make and retain a copy of all documents for your records
5. Send all documents **(including the completed Part 1 – Injury Report from the authorized team/association/squad official)** to:

K&K Insurance Group, Inc. / Specialty Benefits, Inc.
AYF/AYC Claims Administrator
PO Box 2338, Fort Wayne IN 46801-2338
Phone: 800-237-2917 Fax: 312-381-9077 Email: KK.PAClaims@kandkinsurance.com

---

For residents of all states EXCEPT California, Colorado, Florida, Kentucky, Maine, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: 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.

For Residents of California – For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

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 or 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial and/or reduction in insurance benefit and may be subject to civil penalties available.

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

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PART 1A – AMERICAN YOUTH FOOTBALL – INJURY REPORT

To Be Completed By Authorized Team Official *Complete separate form if injury is to cheerleader*

Name of Injured Person:	**Father's Name:**
Name of Insured Organization:	**Father's Email:**
Name of Member Association *(if Conference):*	**Mother's Name:**
Name of Team Head Coach:	**Mother's Email:**

Contact Information for Team Official Completing this Form:

Full Name:	**Title** (coach, game official, league rep, etc.):	**Phone #:**	**Date:**
Address (Street):		**Email Address:**	
Address (City, State, Zip):		**Signature:**	

Did Accident occur during an association/team-sanctioned event with adult supervision: (Yes) (No)

CIRCLE APPROPRIATE NUMBER OR ( ) & FILL IN RELEVANT BLANKS.

A. INJURED PERSON IS: (Football Player) (Coach)
Other: _____

B. AGE OF INJURED PERSON: _____

C. GENDER OF INJURED PERSON: (Male) (Female)

D. DATE OF INJURY: _____ - _____ - _____
MONTH DAY YEAR

E. AYF DIVISION AND CLOSEST AGE GROUP:
(1) Tackle 9 & Under
(2) Tackle 12 & Under
(3) Tackle 15 & Under
(4) Flag/Touch Ages 5-15

F. PLAYER SELECTION:
(1) All who register play, No Cuts
(2) Selected at tryouts, Some Cuts

G. WEIGHT CATEGORIES:
(1) None/Unlimited
(2) Weight Limits Apply For All Players
(3) Weight Limits Only Apply For Ball Carriers

H. WEIGHT OF INJURED PLAYER AS COMPARED TO OTHERS IN AGE GROUP:
(About Average) (Below Average) (Above Average)
(Significantly Below Average) (Significantly Above Average)

I. WAS INJURY IMPACTED BY COLLISION WITH A PLAYER WHO WAS OVER 35 LBS HEAVER THAN INJURED PLAYER?
(Yes) (No)

J. TYPE OF PLAY DURING INJURY:
(1) Offense
(2) Defense
(3) Kicking off
(4) Receiving Kick off
(5) Kicking Field Goal/Extra Point
(6) Defending Field Goal/Extra Point
(7) Punting
(8) Receiving Punt
(9) Other: _____

K. POSITION PLAYED AT TIME OF INJURY:
(1) Offensive Line
(2) Quarterback
(3) Running Back
(4) Receiver
(5) Defensive Line
(6) Linebacker
(7) Secondary
(8) Kicker-Kick off
(9) Kicker-Field Goal/Extra Point
(10) Place Holder
(11) Punter
(12) Kick off Returner
(13) Punt Returner
(14) Kick off Return Blocker
(15) Kick off Tackler
(16) Punt Return Blocker
(17) Punt Tackler
(18) Other: _____

L. INJURY OCCURRED DURING:
(1) Traveling to/from game or practice
(2) Before game or practice
(3) After game or practice
(4) Game: _____ quarter
(5) Halftime
(6) Practice: (Early) (Mid) (Late)
(7) Practice under game conditions
(8) Non-sport outing
(9) Other: _____

M. ACTIVITY WHILE INJURED:
(1) Blocking
(2) Tackling
(3) Shedding Blocker
(4) Running with ball
(5) Passing
(6) Catching ball
(7) Defending passed ball
(8) Kicking
(9) Punting
(10) Running without ball
(11) Other: _____

N. LOCATION WHERE INJURY OCCURRED:
(1) On Field
(2) End Zone
(3) Sidelines
(4) Spectator Area
(5) Locker Room
(6) Other: _____

O. SITUATION (PHYSICAL CAUSE OF INJURY):
(1) Blocked by player
(2) Blocked from behind
(3) Blocking player
(4) Tackled by player
(5) Tackling player
(6) Collided with opponent
(7) Collided with teammate
(8) Fell on/stepped on by player
(9) Fell on/stepped on player
(10) Contact with ground
(11) Contact with object
(12) Non Contact
(13) Other: _____

P. PRINCIPAL BODY PART INJURED:
(1) Eye(s)
(2) Ear(s)
(3) Nose
(4) Cheek
(5) Chin
(6) Jaw
(7) Mouth/teeth
(8) Head
(9) Chest
(10) Stomach
(11) Hip
(12) Groin
(13) Back
(14) Neck
(15) Shoulder
(16) Upper Arm
(17) Elbow
(18) Forearm
(19) Wrist
(20) Hand
(21) Finger(s)/Thumb
(22) Thigh
(23) Shin
(24) Knee
(25) Ankle
(26) Foot
(27) Other: _____

Q. PRIMARY TYPE OF INJURY:
(1) Cut/Scrape
(2) Bruise/Contusion
(3) Joint Sprain
(4) Dislocation
(5) Fracture
(6) Concussion
(7) Heat Illness
(8) Dental
(9) Pulled Muscle
(10) Other: _____

R. DISPOSITION: (ambulance) (auto to hospital)
(on site cure only) (unknown) (other: _____)

S. ABSENCE FROM PLAY: (none) (< 1 week)
(1-3 weeks) (3+ weeks) (unknown) (other: _____)

T. SPECIAL CIRCUMSTANCES:
(1) Penalty: (Against Injured Person) (Against Opponent)
(2) Safety Equipment Not Used That Could Have Prevented Injury: _____
(3) Safety Equipment Contributed To Injury: _____
(4) Improperly Maintained Field/Facility:
(Rock on Field) (Hole/Rut) (Slippery Area) (other: _____)
(5) Weather Conditions Contributed To Injury:
(hot) (cold) (rain) (ice) (other: _____)

(U) DESCRIBE HOW INJURY HAPPENED: (Please be specific)

RETURN THIS FORM TO K&K INSURANCE GROUP PER COVER PAGE INSTRUCTIONS

© 1994-2017 Sadler & Company, Inc. All Rights Reserved Ed. 09-05-17

PART 1B – AMERICAN YOUTH CHEER – INJURY REPORT

To Be Completed By Authorized Squad Official

Name of Injured Person:	**Father's Name:**
Name of Insured Organization:	**Father's Email:**
Name of Member Association *(if conference)*:	**Mother's Name:**
Name of Team Head Coach:	**Mother's Email:**

Contact Information for Squad Official Completing this Form:

Full Name:	**Title** (coach, game official, league rep, etc.):	**Phone #:**	**Date:**
Address (Street):		**Email Address:**	
Address (City, State, Zip):		**Signature:**	

Did Accident occur during an association/team-sanctioned event with adult supervision: (Yes) (No)

CIRCLE APPROPRIATE NUMBER OR ( ) & FILL IN RELEVANT BLANKS.

A. INJURED PERSON IS: (Cheerleader) (Dancer) (Stepper) (Coach) Other: _____

B. AGE OF INJURED PERSON: _____

C. GENDER OF INJURED PERSON: (Male) (Female)

D. DATE OF INJURY: _____ (MONTH) - _____ (DAY) - _____ (YEAR)

E. AMERICAN YOUTH CHEER/DANCE DIVISION:

CHOOSE ONE TYPE OF SQUAD:

(1) _____ Cheer squad **affiliated** with football team
(2) _____ Cheer squad **NOT affiliated** with football team
(3) _____ Dance Squad
(4) _____ Step Squad
(5) _____ Majorettes

CHOOSE ONE LEVEL OF SQUAD:

(1) _____ WHITE: Beginner
(2) _____ RED: Intermediate
(3) _____ BLUE: Advanced

F. CLOSEST AGE GROUP OF SQUAD: (Circle One)
(9 & Under) (12 & Under) (15 & Under) (18 & Under)

G. TYPE OF STUNT/TUMBLING PASS AT INJURY:

(1) Thigh Stand
(2) Shoulder Sit/Stand
(3) Elevator / Prep
(4) Awesome / Cupie
(5) Heel Stretch
(6) Y Scale
(7) Scorpion
(8) Cradle
(9) Full Twist Down Cradle
(10) Double Twist Down Cradle
(11) Bow & Arrow
(12) Chin Strap
(13) V-Sits
(14) Pendulums
(15) Front Roll
(16) Back Roll
(17) Cartwheel
(18) Round Off
(19) Standing Back Handspring
(20) Round off Back Handspring
(21) Standing Back Tuck
(22) Round off Back Tuck
(23) Layout
(24) Sideline Cheer-No Stunt or Tumble
(25) Dancing-No Stunt or Tumbling
(26) Stepping – No stunt or tumbling
(27) Other: _____

H. ACTIVITY WHILE INJURED:

(1) Supporting
(2) Throwing
(3) Catching
(4) Flying
(5) Spotting
(6) High Kicking
(7) Dropping
(8) Lifting
(9) Mounting
(10) Dismounting
(11) Vaulting
(12) Tumbling
(13) Running
(14) Standing
(15) Jumping
(16) Dancing
(17) Stepping
(18) Other: _____

I. POSITION BEING PERFORMED AT TIME OF INJURY:

(1) Right Side Base
(2) Left Side Base
(3) Front Spotter
(4) Back Spotter
(5) Extra Spotter
(6) Flyer
(7) Tumbler
(8) Dancer
(9) Stepper
(10) Standing In Cheer Line
(11) Other: _____

J. INJURY OCCURRED DURING:

(1) Travel to/from game, practice or comp
(2) Before game/practice/competition
(3) Practice: (Early) (Mid) (Late)
(4) After game/practice/competition
(5) Sideline Performance
(6) Halftime Performance
(7) Pep Rally
(8) Competitive Cheer Event
(9) Non Sport Outing
(10) Other: _____

K. TYPE OF GROUND/FLOOR:

(1) Grass
(2) Dirt
(3) Concrete
(4) Flat, Non Spring
(5) Spring
(6) Other: _____

L. LOCATION WHERE INJURY OCCURRED:

(1) On Field
(2) End Zone
(3) Sidelines
(4) Indoor Competition Area
(5) Indoor Practice Area
(6) Warm Up Room
(7) Spectator Area
(8) Other: _____

M. SITUATION (PHYSICAL CAUSE OF INJURY):

(1) Contact with ground
(2) Collision/Contact with squad member
(3) Supporting weight
(4) Throwing
(5) Catching
(6) Non Contact
(7) Collision W/football player
(8) Other: _____

N. PRINCIPAL BODY PART INJURED:

(1) Eye(s)
(2) Ear(s)
(3) Nose
(4) Cheek
(5) Chin
(6) Jaw
(7) Mouth/teeth
(8) Head
(9) Chest
(10) Stomach
(11) Hip
(12) Groin
(13) Back
(14) Neck
(15) Shoulder
(16) Upper Arm
(17) Elbow
(18) Forearm
(19) Wrist
(20) Hand
(21) Finger(s)/Thumb
(22) Thigh
(23) Shin
(24) Knee
(25) Ankle
(26) Foot
(27) Other: _____

O. PRIMARY TYPE OF INJURY:

(1) Cut/Scrape
(2) Bruise/Contusion
(3) Joint Sprain
(4) Dislocation
(5) Fracture
(6) Concussion
(7) Heat Illness
(8) Dental
(9) Pulled Muscle
(10) Other: _____

P. DISPOSITION: (ambulance) (auto to hospital) (on site cure only) (unknown) (other: _____)

Q. ABSENCE FROM SQUAD: (none) (less than 1 week) (1-3 weeks) (3+ weeks) (unknown) (other _____)

R. CERTIFICATION/TRAINING STATUS OF COACH:

(1) Not certified or trained
(2) AACCA
(3) NYSCA
(4) UCA
(5) NCA
(6) ASEP
(7) Other: _____

S. DESCRIBE HOW INJURY HAPPENED (Please be specific)

RETURN THIS FORM TO K&K INSURANCE GROUP PER COVER PAGE INSTRUCTIONS

© 1994-2017 Sadler & Company, Inc. All Rights Reserved Ed. 7-27-2017

American Youth Football & American Youth Cheer

PART 2 - Excess Medical Insurance Claim Form

TO BE COMPLETED BY INJURED PERSON OR PARENT

Coverage under this policy is excess over all other valid and collectible health and accident plans. Your claim should be submitted to the insurance company providing coverage to you through your own, your parents' or your spouse's health plan, your employer or governmental health plan. After other insurance benefits have been submitted, you should forward a copy of the other insurance company's explanation of benefits and the corresponding itemized medical statements. If your insurance company denies benefits, send a copy of their denial. If there is no other valid and collectible insurance, this policy will act as primary insurance. Further details of coverage will be communicated upon receipt of this fully completed claim form.

IMPORTANT NOTES:

- **If Injured Person is a Minor, we must have BOTH parents' information.**
- **If the Injured Person is married, we must have the spouse's information or mark area N/A**
- **ALL information requested on this claim form must be provided. Omission of vital information will cause delay in claim processing.**
- **We will not process your claim without employer information. The data required is imperative & will expedite your claim processing.**

Injured/
Insured Person's Name: _____ Sex: _____ Date of Birth: ____/____/____

Social
Security #: _____ Phone: _____ Spouse's Name (if applicable): _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Fathers Name (if minor): _____ Mothers Name (if minor): _____

Fathers Email Address: _____ Mothers Email Address: _____

Fathers Social Security # :_____ Mothers Social Security #:_____

Employers Name: _____ Employers Name: _____

Employers Address: _____ Employers Address: _____

City: _____ ST: _____ Zip: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Policy #: _____ Phone: _____ Policy #: _____

Group Insurance Company: _____ Group Insurance Company: _____

Insurance Company's Address: _____ Insurance Company's Address: _____

City: _____ ST: _____ Zip: _____ City: _____ ST: _____ Zip: _____

I certify that this injury occurred to an American Youth Football/American Youth Cheer registered member during an American Youth Football/American Youth Cheer sanctioned activity (i.e. supervised game/practice), the above information is true and accurate to the best of my knowledge and belief, and I understand fraudulent statements can be a crime.

Signature: _____ Date: _____

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE K&K INSURANCE GROUP, INC., SPECIALTY BENEFITS, INC. OR ITS REPRESENTATIVES TO FURNISH TO ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY PRIMARY INSURANCE CARRIER, ANY AND ALL INFORMATION WITH RESPECT TO THE ACCIDENTAL INJURY FOR WHICH I AM CLAIMING INSURANCE BENEFITS.

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE ANY HOSPITAL, PHYSICAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY PRIMARY INSURANCE CARRIER OR EMPLOYER, TO FURNISH TO K&K OR ITS REPRESENTATIVES ANY AND ALL INFORMATION WITH RESPECT TO ANY SICKNESS OR INJURY, MEDICAL HISTORY, CONSULTATION, PRESCRIPTIONS, OR TREATMENT, AND COPIES OF ALL HOSPITAL, MEDICAL, OR INSURANCE RECORDS INCLUDING, BUT NOT LIMITED TO, INFORMATION REGARDING OTHER INSURANCE COVERAGES. I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL.

I UNDERSTAND THIS AUTHORIZATION IS NECESSARY TO FACILITATE THE OBTAINING AND PROVIDING OF PROPER INFORMATION NEEDED TO QUICKLY PROCESS MY CLAIM.

Signature: _____ Date: _____

PLEASE NOTE: If Injured Person is a Minor, signature must be of Parent or Legal Guardian.

PLEASE RETURN THIS FORM TO K&K INSURANCE GROUP PER COVER PAGE INSTRUCTIONS