

# WHAT TO DO WHEN A PLAYER HAS A CLAIM



PRESENTED BY  
**FLORIDA YOUTH  
SOCCER ASSOCIATION**

AND

**M.E. WILSON CO., INC.**  
P O Box 373  
Tampa, FL 33601  
**(813) 229-8021**  
**FAX: (813) 229-2795**

**Excess Accident coverage** is automatically provided to registered members of the Florida Youth Soccer Association as part of the registration fee. The Accident policy provides coverage for registered players during sanctioned events, including regularly scheduled practices and games. This coverage is excess above the player's own family health insurance. There is a \$2000 deductible on each claim. The insurance company will pay 80% of the eligible amount after the deductible has been applied. The claimant is responsible for the other 20%.  
**Coverages/Benefits:** Accident-Medical \$50,000 Maximum; Accidental Death \$10,000 Principal Sum; Accidental Dismemberment \$10,000 Maximum.

Complete the Youth Soccer Case Report (claim form), which is obtained from your Agent of Record. The form must be signed by the Coach and Agent of Record and parent or legal guardian.

The fully completed, signed claim form must be returned for processing to:

M. E. Wilson Company, Inc.  
P O Box 373  
Tampa, FL 33601

- Be sure to include any itemized doctor bills as well as all Explanation of Benefits that you receive from your primary insurance carrier.

**What keeps the Insurance Company from paying your claim?**

- Incomplete or unsigned claim forms
- "Balance forward statements" from the Healthcare providers rather than Itemized Billings.
- Failure to provide your insurance company's explanation of benefits.

## PLEASE REMEMBER

You are responsible for the first \$2000 of your claim and 20% of the eligible amount after the deductible has been applied.

If you have any questions about reported claims, completing the claim form, or need additional copies of the claim form, feel free to call the FYSA Claims Department at M. E. Wilson Company, Inc.

1-888-229-8021

