



Soccer Accident Insurance (SAI)-Overview



for the American Youth Soccer Organization

**This document is designed to give an overview of the insurance coverage. It is meant only as a general understanding of the SAI benefit and should not be construed as a legal interpretation of the insurance policy coverage, conditions or exclusions!*

POLICY PERIOD: Injuries occurring from JULY 1, 2025 for participants and volunteers registered with AYSO

KEEP THIS POLICY OVERVIEW – *download the full version from www.ayso.org*.

Claims requires the following documentation and are subject to all policy terms, conditions and exclusions:

- proof of loss **must** be filed within 90 days of receipt;
- each claim is subject to a **\$500** deductible;
- first **medical or dental** expense must be incurred within 180 days of covered accident;
- **52 week benefit period** from date of the covered accident;
- Accident Medical Expense Benefits are only payable for allowable expenses incurred after the deductible has been met.

FORMS:

www.AYSOvolunteers.org – Use the Search function to find Soccer Accident Insurance

QUESTIONS:

Email: insuranceclaims@ayso.org

COVERED PERSONS:

All AYSO **currently** registered* members [players, coaches, managers, team workers, scorekeepers, referees, officials and volunteer workers] are “Covered Persons” for accidental bodily injury while participating in the following covered activities:

- Team practice sessions, scheduled games, tournaments, or other AYSO sanctioned activities [meetings, banquets, fundraisers] provided they are under the direct supervision of an AYSO registered volunteer.
- Travel of covered members to and from a sponsored activity such as practice sessions, games, tournaments, or AYSO sanctioned activities, provided that players are traveling as a team and a licensed adult driver operates the vehicle.

**Registration requirements will be verified before any benefits are paid.*

<p>MAXIMUM BENEFITS PAYABLE:</p> <ul style="list-style-type: none"> • \$15,000 Maximum for Accidental Death & Dismemberment • \$50,000 Maximum for Accident Medical expenses including: • Dental Benefit for injuries to sound natural teeth included • Orthopedic Benefit included • Physical Therapy / Occupational Therapy 	<p>REMEMBER:</p> <ul style="list-style-type: none"> • Each claim is subject to a \$500 deductible. • Carrier MUST receive written proof of loss within 90 days of the date of injury. • If the registered member is covered by any other health care plan, all bills must be submitted to the other health plan first. • Medical providers should submit itemized bills (UB04 or CMS1500) directly to AYSO's insurance. • Copies of Explanation of Benefits (EOB) must be sent along with the SAI claim form. 	<p>THE CLAIMANT MUST:</p> <ul style="list-style-type: none"> • Obtain an AYSO Soccer Accident Insurance (SAI) Claim form from: <ul style="list-style-type: none"> ○ www.ayso.org (<i>For Families tab</i>) or ○ Safety Director or ○ Regional Commissioner • Secure the signatures from the AYSO Regional Commissioner and Safety Director. • It is the responsibility of the registered member to make a copy for his/her own records and then mail the claim form to the address included in the claim instructions. Please consider sending the packet certified though the US Postal Service. • All claims are subject to the full policy terms and conditions.
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