# Vermont State Soccer Association

## Annual General Meeting

July 26, 2016

Burlington, VT

## VSSA AGM AGENDA

To: VSSA & Affiliates
From: SMM
Date: 20 July 2016

What: VSSA AGM

When: July 26, 2016, 6:30pm

Where: The Guild Tavern
1633 Williston Road
South Burlington, VT 05407

Who: Reps of VSSA/USASA-affiliated leagues and orgs

1. VSSA & Affiliate Updates
a. VSSA rep: JH regsitrations #s and MJW fiancials
b. VASL rep - focus on leadership succession plan
c. Capsoc rep
d. Far Post rep.
E. Others

2. Online Registration - a working session show and tell Affinity online; discuss use by affiliates going forward. JH

3. Continue discussion on dissent and unsporting behavior in the Adult game. As reference point see 4/18/16 email summary.

4. Growth - focus on Women's leagues

5. Officers/Board members Election: Unless any nomination for any officer and/or board member other than the current slate of officers/board members is placed before 6:00 p.m. of the date of the AGM 26 July 2016 the board will in the absence of any nomination take that as a consent vote for the current slate.

6. Other Business.

7. Documents and Forms.

# United States Adult Soccer Association

## 2016 Registration

| | State Association | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | TOTAL | Last Year | 2016 Votes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region 1 | Connecticut | | 3,690 | | | | | | | | | | | 3,690 | 3,612 | 4 |
| | Delaware | | | | | | | | | | | | | - | 300 | - |
| | Eastern New York | | | | | | | | | | | | | - | 6,621 | - |
| | E. Pennsylvania | 960 | | | 523 | | | | | | | | | 1,483 | 2,891 | 2 |
| | Maryland | | | | 219 | | | | | | | | | 219 | 2,087 | 1 |
| | Massachusetts | | | | | 10,189 | | | | | | | | 10,189 | 15,029 | 5 |
| | Metropolitan DC/VA | | | | | | 2,240 | | | | | | | 2,240 | 12,429 | 3 |
| | New Hampshire | | | | | | | | | | | | | - | 183 | - |
| | New Jersey | | | | | | 1,366 | | | | | | | 1,366 | 4,167 | 2 |
| | Pennsylvania West | | | | 1,742 | | 70 | | | | | | | 1,812 | 2,942 | 3 |
| | Rhode Island | | | | | | 505 | | | | | | | 505 | 1,663 | 1 |
| | Vermont | | | 80 | 155 | | | | | | | | | 235 | 1,134 | 1 |
| | West Virginia | | | | | | 258 | | | | | | | 258 | 586 | 1 |
| | Western New York | | | | | 1,363 | | | | | | | | 1,363 | 3,942 | 2 |
| | **Sub-Total** | **960** | **3,690** | **80** | **2,639** | **11,552** | **4,439** | **-** | **-** | **-** | **-** | **-** | **-** | **23,360** | **57,586** | **25** |
| Region 2 | Illinois | 575 | 467 | 603 | 633 | 1,829 | 2,025 | | | | | | | 6,132 | 5,687 | 4 |
| | Indiana | | | | | | 1,881 | | | | | | | 1,881 | 4,201 | 3 |
| | Iowa | | | | | | | | | | | | | - | 2,168 | - |
| | Kansas | | 96 | | 438 | | | | | | | | | 534 | 2,505 | 1 |
| | Kentucky | | 236 | 157 | | 402 | 479 | | | | | | | 1,274 | 2,070 | 2 |
| | Michigan | | | | | | | | | | | | | - | 5,117 | - |
| | Minnesota | | | | | | | | | | | | | - | 5,693 | - |
| | Missouri | | | | | | | | | | | | | - | 753 | - |
| | Nebraska | | | | 384 | | | | | | | | | 384 | 1,240 | 1 |
| | North Dakota | | | | | | | | | | | | | - | 242 | - |
| | Ohio-North | | | | | | | | | | | | | - | 2,119 | - |
| | South Dakota | | | | | | | | | | | | | - | 643 | - |
| | Southern Ohio | | | | | | 281 | | | | | | | 281 | 1,528 | 1 |
| | Wisconsin | | | | | | | | | | | | | - | 1,610 | - |
| | **Sub-Total** | **575** | **799** | **760** | **1,455** | **2,231** | **4,666** | **-** | **-** | **-** | **-** | **-** | **-** | **10,486** | **35,576** | **12** |
| Region 3 | Alabama | | | | 499 | | 129 | | | | | | | 628 | 2,345 | 1 |
| | Arkansas | | | | | | | | | | | | | - | 3,324 | - |
| | Florida | | | | | 689 | | | | | | | | 689 | 8,719 | 1 |
| | Georgia | 2,466 | | 1,010 | | | 889 | | | | | | | 4,365 | 2,598 | 4 |
| | Louisiana | | | 1,440 | | | 415 | | | | | | | 1,855 | 3,562 | 3 |
| | Mississippi | | | | | | | | | | | | | - | 340 | - |
| | North Carolina | | | 792 | 2,539 | 123 | 81 | | | | | | | 3,535 | 10,006 | 4 |
| | North Texas | | | | | | 4,167 | | | | | | | 4,167 | 20,692 | 4 |
| | Oklahoma | | | | | | | | | | | | | - | 2,844 | - |
| | South Carolina | | | | | | 768 | | | | | | | 768 | 3,135 | 2 |
| | Tennessee | | | | 567 | 561 | | | | | | | | 1,128 | 5,585 | 2 |
| | Texas State, South | | | | | 2,589 | | | | | | | | 2,589 | 5,989 | 3 |
| | **Sub-Total** | **2,466** | **-** | **3,242** | **3,605** | **3,962** | **6,449** | **-** | **-** | **-** | **-** | **-** | **-** | **19,724** | **69,139** | **24** |
| Region 4 | Alaska | | | | | | 493 | | | | | | | 493 | 3,113 | 1 |
| | Arizona | | | | | | | | | | | | | - | 3,886 | - |
| | California, North | | 2,223 | | | 2,725 | | | | | | | | 4,948 | 7,737 | 4 |
| | California, South | | | | 2,294 | | | | | | | | | 2,294 | 12,492 | 3 |
| | Colorado | | | | 860 | | 872 | | | | | | | 1,732 | 3,026 | 3 |
| | Hawaii | 107 | 2,065 | 395 | | 79 | | | | | | | | 2,646 | 1,628 | 3 |
| | Idaho | 107 | 76 | 14 | 421 | | 400 | | | | | | | 1,018 | 2,633 | 2 |
| | Montana | | | | | | | | | | | | | - | 869 | - |
| | New Mexico | | | | | | | | | | | | | - | 5,317 | - |
| | Nevada | | | | | | | | | | | | | - | 518 | - |
| | Oregon | 187 | 587 | 452 | 887 | 1,063 | 796 | | | | | | | 3,972 | 7,472 | 4 |
| | Utah | | | | | | | | | | | | | - | 1,568 | - |
| | Washington | | | | 1,714 | | 3,125 | | | | | | | 4,839 | 10,198 | 4 |
| | Wyoming | | | | | | | | | | | | | - | 369 | - |
| | **Sub-Total** | **401** | **4,951** | **861** | **6,176** | **3,867** | **5,686** | **-** | **-** | **-** | **-** | **-** | **-** | **21,942** | **60,826** | **24** |
| Other | USL PDL | | | | | | 1,832 | | | | | | | 1,832 | 1,900 | 3 |
| | USL W-League | | | | | | | | | | | | | - | 449 | |
| | USL U20's | | | | | | | | | | | | | - | 974 | |
| | WPSL | | | | | | | | | | | | | - | 2,269 | - |
| | NPSL | | | | | | | | | | | | | - | 2,190 | - |
| | AYSO | | | 879 | 350 | | 935 | | | | | | | 2,164 | 6,027 | 3 |
| | MSSL | | | | | | | | | | | | | - | 702 | - |
| | MSSL U20 | | | | | | | | | | | | | - | - | |
| | SAY | | | | | | | | | | | | | - | 101 | - |
| | ASL | | | | | | | | | | | | | - | - | - |
| | US CLUB | 87 | 120 | 138 | 587 | 604 | 603 | | | | | | | 2,139 | 7,195 | 3 |
| | WCSA | | | | | | 252 | | | | | | | 252 | 2,337 | 1 |
| | PLA | | | | | | 295 | | | | | | | 295 | | |
| | NSL | 575 | | 122 | | | 242 | | | | | | | 939 | 518 | 2 |
| | **Sub-Total** | **87** | **120** | **1,017** | **937** | **604** | **3,917** | **-** | **-** | **-** | **-** | **-** | **-** | **6,682** | **24,144** | **10** |
| | **TOTAL** | **4,489** | **9,560** | **5,960** | **14,812** | **22,216** | **25,157** | **-** | **-** | **-** | **-** | **-** | **-** | **82,194** | **247,271** | **95** |

| Individual registrations (Fall 2015-Summer 2016) | Totals | % of total regs | % of club regs |
|---|---|---|---|
| | 933 | | |
| VASL Fall | 248 | 26.6% | |
| VASL Fall only | 91 | 9.8% | 36.7% |
| | | | |
| Far Post Total | 233 | 25.0% | |
| Far Post only | 227 | 24.3% | 97.4% |
| | | | |
| Capital Total | 235 | 25.2% | |
| Capital Only | 234 | 25.1% | 99.6% |
| | | | |
| VASL Summer Total | 369 | 39.5% | |
| VASL Summer only | 224 | 24.0% | 60.7% |
| | | | |
| Playing in 2 leagues | 163 | 17.5% | |
| | | | |
| Playing in 3 leagues | 4 | 0.4% | |
| | | | |
| Total women | 277 | 29.7% | |
| Total men | 656 | 70.3% | |
| | | | |
| Injury claims filed | 6 | 0.6% | |
| | | | |

# VSSA 2015 Profit & Loss Statement

| | | |
|---|---|---|
| **Income** | | |
| | Player Registration Fees from affiliated leagues | $20,375.00 |
| | Leauge Annual affiliation Fee(s) | $150.00 |
| | Interest | $1.85 |
| **total income** | | $20,526.85 |
| | | |
| **Expenses** | | |
| | Player Registration Fees to USASA | $14,535.00 |
| | VT market brief/prospecting meeting | $336.04 |
| | USASA & USSF meeting (travel expenses) | $1,387.31 |
| | US Affiliation Fee | $100.00 |
| | Referee Conference and Development sponsorships | $750.00 |
| | Supplies/Printing | $71.92 |
| | VT sec. of state | $20.00 |
| **total expenses** | | $17,200.27 |
| | | |
| **Net profit** | | $3,326.58 |

## Balance Sheet as of 12/31/15

Assets
12/31/2015

| | | |
|---|---|---|
| **Assets** | | |
| | KeyBank checking | $7,710.85 |
| | KeyBank Savings | $9,049.88 |
| | | |
| **Total Assets** | | $16,760.73 |

VSSA and the Benefits of Membership 7/26/2016

Greetings from the Vermont State Soccer Association,

We are wrapping up 2015-2016 season, and it is a good time to provide some reminder information to our affiliated leagues players about the importance of being registered with VSSA. We understand that there can be some concern about the costs of affiliation and the value of the related benefits. This memo aims to make clear everything you might want to know about your membership.

As a registered player in any adult league affiliated with VSSA (currently the Vermont Amateur Soccer League (VASL), Far Post Soccer Club, and Capital Soccer Club), you are also a member of the Vermont State Soccer Association (VSSA) and the United States Adult Soccer Association (USASA). Our member clubs and leagues have made a deliberate choice to affiliate with VSSA and USASA, both for your benefit and theirs. We share the belief that player safety and the quality of the game are paramount. We understand there are other leagues in the area that offer more casual play and are less expensive. While we certainly support people enjoying the sport at any level, all other leagues are not affiliated with VSSA and do not provide the benefits explained here. It is important to note: *if you are injured in non-VSSA league play, you cannot use USASA participant accident insurance to make a medical claim.*

As a registered player in a VSSA-affiliated league, your association fee ($20 full year/$15 indoor-only) provides the following benefits:

- **Medical Participant Accident Insurance**
  - Primary medical insurance to uninsured players and secondary medical insurance for all other insured players, with a $400 deductible and a $5,000 maximum benefit. The majority of your membership fees goes to providing this important medical coverage. Please see the USASA website for more details.
  - Affiliated leagues/teams/players have this medical insurance coverage for league play, as well as when they play in ANY other affiliated competitions, anywhere in the United States. This means if you play in other VSSA leagues, you have coverage (note: the indoor fee and full-year fee are different and the $5 difference would have to be paid).
- **League Directors and Officers Liability Insurance**
  - This is a general liability insurance policy offered to your league's directors and officers at no cost through USASA. What this means is that your league directors and officer, who often are volunteers, have a general liability policy behind them if claims are made against them. For a player this could mean the difference of an available insurer in the event a claim is successfully made against the league. Without such policy there is no insurance.

- **Partnership with USSF certified referees and assignors**
  - All game officials working VSSA-affiliated matches are USSF-certified. This means they have undergone training to reach Grade 7.
  - The State Referee Program offers training for new officials (and there's always a shortage of officials), and provides assessments and advancement opportunities

for experienced officials. Should you ever have a case of referee abuse or referee assault in your league, you can turn to the VSSA and the Vermont State Officials organization to handle the disciplinary hearing for your player—and any enforcement actions would carry association-wide for that player. In that capacity, the VSSA protect the interests of the referees, leagues, and players.

- **Entry into regional and national tournaments**
  - Although Vermont has not fielded a team for any regional or national tournament play, there are opportunities in men's, women's, and co-ed competition outside of Vermont. We also have the opportunity to host tournament play. This is a benefit that VSSA is actively developing.

As the largest adult soccer organization in the United States, USASA's 54 state associations plus national and regional leagues help our 250,000 players feed their passion for the game.

- USASA is responsible for developing the sport for players over the age of 19. A competitive and recreational oriented organization, the USASA helps develop adult amateur soccer for both men and women on a national basis. As part of that development, the USASA stages the annual National Cup Finals, which features champions from each of the four U.S. Soccer regions (Regions I, II, III and IV) squaring off in 6 different competitions. The USASA also organizes national tournaments for Veterans and Co-Ed teams. The USASA, in association with the U.S. Soccer Federation, helps stage the annual Lamar Hunt U.S. Open Cup, the oldest annual team tournament in the United States, which dates back to 1914.

- USSF is the governing body of soccer in all its forms in the United States. U.S. Soccer has played an integral part in charting the course for the sport in the USA for 100 years. In that time, the Federation's mission statement has been clear and simple: to make soccer, in all its forms, a preeminent sport in the United States and to continue the development of soccer at all recreational and competitive levels. U.S. Soccer is celebrated its Centennial in 2013, and over the course of a century the sport's exponential growth has been nothing short of remarkable.

The Vermont State Soccer Association is here to help support the continual development of adult soccer across the state. We are here to help everyone enjoy safe, high quality soccer. If you have any questions or concerns, please do not hesitate to contact us.

# VERMONT STATE SOCCER ASSOCIATION

**P.O. Box 5517, Burlington, VT 05402-5517**
**802-864-8100**
**Scott Michael Mapes, President**
**SMMapes@aol.com**

## United States Adult Soccer Association

***A Member of the United States Soccer Federation***

**Affiliated with the Federation Internationale de Football Association**

## 2016 - 2017

**NEW MEMBER LEAGUE APPLICATION AND RENEWAL APPLICATION**

NEW APPLICATION: _____(check if applicable)

RENEWAL APPLICATION _____ (check if applicable)

**Section 4.1 State Council Membership**. Any properly constituted soccer league that operates within the physical boundaries of the State of Vermont and other surrounding areas to the State of Vermont that is provisionally a member of VSSA or any predecessor in interest to VSSA may become a member of the State Council if all requirements of membership are met and the State Council approves such membership by a majority vote of those members present at a meeting of the State Council. Each application for membership must be accompanied by a copy of the applicant League's articles of incorporation or constitution, bylaws, rules and regulations. Each application must also be accompanied by such new member's fees (unless waived by the State Council pending membership approval) and annual dues as shall be set annually by the State Council. Both amounts, if paid, shall be returned if the applicant is denied membership.

**Section 4.2 Member Leagues.** A properly constituted league shall be defined as a soccer organization consisting of (four) 4 or more teams (hereinafter referred to as a "Member League").

**Section 4.2.1 Good Standing Requirements.** To be in good standing with VSSA and to remain a member of the State Council, a Member League must meet all of the following requirements:

1. All current dues, fees and assessments due VSSA must be paid. Dues of Member Leagues are payable on a registration date set by the State Council and become delinquent with commencement of league play for the first league season for the due date.

2. All players and teams must be properly registered with the Member League and each Member League must furnish the State Council with a copy of its playing schedule at the commencement of each playing season.

3. Each Member League's current articles of incorporation or constitution, bylaws, rules and regulations, and all amendments thereto, must be filed with the Secretary of VSSA within thirty (30) days after enactment or adoption and will be subject to veto by a majority of the Board of Directors of VSSA.

APPLICATION INFORMATION:

Name of League/Organization: _____

Does you League seek to register players for ____indoor ____outdoor ____ both

Number of teams total_____ men's_____ women's _____

Total Number of Players anticipated to be Registered with VSSA:_____

Names of teams from most recent season: Attach List or provide web page link.

What is your outdoor season? _____

What is your indoor season (and facility)? _____

_____

_____

**Section 4.5 League Representatives.** Each Member League shall be responsible for submitting to the Secretary of VSSA, the name, mailing address, email address and phone number of its League Representative, an Alternate League Representative and each director of the board of directors of the Member League. The Secretary shall maintain a current list of League Representatives, Alternate League Representatives and the board of directors of each Member League. In the absence of the League Representative at any meeting, the Alternate League Representative shall have all authority vested in the League Representative.

League Representative Contact information (Name, address, email and Phone):

_____

_____

League Representative Alternate: _____

_____

_____

League BOD (if applicable):_____

---

Member League Annual Dues: $50 payable at the time of applications or renewal of application 1 September annually. Leagues seeking membership with VSSA are encouraged to apply for membership approval well in advance of their League play so they can become familiar with VSSA's player registration process and requirements.

**USASA Player Registration Fees are set annually by USASA. www.usaua.com. As of September 2013 to register a player with USASA through VSSA the Player Registration fee is $5/player plus the USASA per player fee. For USASA fee structure go here > http://www.usadultsoccer.com/page/show/964084-downloads-forms. This allows the player to be registered for the period of September 1st through August 31st for any affiliated outdoor or indoor league play. All Player registration information must be provided electronically along with all fees made payable to VSSA in order for any player to be deemed REGISTERED.**

No application may be approved for membership until all information is received and the VSSA has according to its bylaws voted to approve the membership. No player is registered to play in any Member League until such time that the VSSA Registrar has acknowledged receipt of all player registration information and player registration fees. Players may be added to team rosters and registered with VSSA according to your leagues bylaws and procedures BUT no player is allowed to play until the VSSA Registrar has acknowledge receipt of that player's information and fees.

For Member League responsibilities and obligations please review VSSA's Bylaws. VSSA Bylaws

APPLICATION ACTION:

Approved: _____ Date of VSSA Approval: _____

Denied: _____ Date of VSSA Denial: _____

VSSA Authorization Signature: _____

The undersigned hereby acknowledges that upon approval by VSSA the Member League is an Agent of VSSA and will abide by all VSSA Bylaws.

Application by: _____ Date Submitted: _____

DES CHAMPS, GREGORY & HAYES, INC.
INSURORS

# DIRECTORS & OFFICERS LIABILITY
## NAMED INSURED: UNITED STATES ADULT SOCCER ASSOCIATION (AN APPROVED 501c3 NON-PROFIT) ITS MEMBER NATIONAL AFFILIATES, LEAGUES & MEMBER TEAMS

| | |
|---|---|
| **Coverage:** | Not –For-Profit Directors & Officers Liability |
| **Company:** | Star Indemnity & Liability Co. |
| **Schedule of Insurance:** | $5,000,000 Aggregate Limit (Inclusive of Defense Costs)# |
| # | |
| **Limit of Liability:** | |
| **Directors & Officers & Employment Practices Liabillity** | $5,000,000 |
| # | |
| # | |
| **Retention:** | $25,000 Directors & Officers |
| **Retention:** | $50,000 Employment Practices Liability |
| **Continuity Date:** | 09/01/2006 |

# *UNITED STATES ADULT SOCCER ASSOCIATION*

Member of the United States Soccer Federation
7000 S. Harlem Ave ~ Bridgeview, IL 60455 ~ (708) 496-6870

## 2015-2016 League D&O Insurance Form

**Email or FAX Completed Form to: nschmitt@usasa.com | 708-496-6879**

| | |
|---|---|
| **State Association Name** | **State Verification Officer's Name** |
| **Date** | **State Verification Officer's Signature** |

**League Classification - Please circle one - (Men's) (Women's) (Co-ed)**

| | | | | | |
|---|---|---|---|---|---|
| **LEAGUE NAME** | | | | | |
| Mailing Address | | | | | |
| City | | State | | ZIP | |
| E-mail | | | | Telephone | |
| Web Site | | | | # of Players | |
| **PRESIDENT** | | | | | |
| Mailing Address | | | | | |
| City | | State | | ZIP | |
| E-mail | | | | Telephone | |
| **VICE PRESIDENT** | | | | | |
| Mailing Address | | | | | |
| City | | State | | ZIP | |
| E-mail | | | | Telephone | |
| **SECRETARY** | | | | | |
| Mailing Address | | | | | |
| City | | State | | ZIP | |
| E-mail | | | | Telephone | |
| **TREASURER** | | | | | |
| Mailing Address | | | | | |
| City | | State | | ZIP | |
| E-mail | | | | Telephone | |

**THIS FORM MUST BE RECEIVED BY THE USASA NATIONAL OFFICE BEFORE YOUR LEAGUE DIRECTORS AND OFFICERS WILL BE INSURED UNDER THIS POLICY. PLEASE USE AN ADDITIONAL SHEET TO LIST OTHER OFFICERS IF NEEDED.**

# RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way for the _____ its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS _____their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessor's of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

x_____ Age:_____ Date Signed:_____
PARTICIPANT'S SIGNATURE

Signature of State Association / Nationwide affiliate verification officer: _____ Date: _____

## CLAIM PROCEDURE: U.S.A.S.A. SPECIAL RISK ACCIDENT CLAIM FORM

**Please print or type.**

1. Participant (or legal guardian if under the age of 18) must complete this form in its entirety or it may be returned to you by the U.S.A.S.A. State Association/Nationwide affiliate.
2. **Do not delay submitting this claim form.** This form must be received, with or without attachments, within 90 days from the date of the accident, or benefits may be denied due to untimely filing. It must be completed in its entirety. Answer every section.
3. Once the claim form is completed, attach any itemized bills with corresponding primary carrier explanation of benefits you have received to date. The completed form must then be sent to your U.S.A.S.A. State Association/Nationwide affiliate office for validating.
4. Once the U.S.A.S.A. State Association/Nationwide affiliate has validated your claim, they will **forward it to USASA National Office** to preview and forward to the insurance company. The insurance company will inform you of any additional information they may need to process your claim.

K&K INSURANCE

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

DES CHAMPS, GREGORY & HAYES, INC.
INSURORS

1. **COMPLETE THIS FORM.**
2. **ATTACH ALL BILLS.**
3. **MAIL TO: State Verification/Nationwide affiliate officer below**

UNITED STATES ADULT SOCCER ASSOCIATION

# U.S.A.S.A. SPECIAL RISK ACCIDENT CLAIM FORM

**IF PARTS A and B ARE NOT COMPLETED IN FULL, THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED.**

**PART A – This section MUST be completed, dated and signed by the Injured Person – or by his/her Parent or Guardian if the Injured Person is under the age of 18 or otherwise dependent.**

1. Name of Injured Person (Insured): *First /Middle/Last*

1a. Date of Accident: *Mo/Day/Year*

2. Complete Mailing Address: *Street/City/State/Zip*

3. Area Code/Home Ph#:

3a. Area Code/Work Ph#:

3b. Email Address:

4. Is the injured person a Medicare/Medicaid beneficiary? ☐ Yes ☐ No

4a. If Yes, please provide Social Security number or Health I.D. number: _____

5. Date of Birth: *Mo/Day/Year*

6. ☐ Male ☐ Female

6a. ☐ Single ☐ Married ☐ Full-time Student

7. Are you currently enrolled in any health insurance and/or other soccer accident plan? ☐ Yes ☐ No
If yes, all bills must be submitted to them first for consideration. If no, see lines 7a and 7b.

Company Name: _____ Group Name: _____ Policy Number: _____

Company Name: _____ Group Name: _____ Policy Number: _____

7a. If you are not enrolled in any health insurance plan, we require written verification from your employer and your spouse's employer (if applicable), or Bursar's office if you are a full-time college student.

7b. If you are self-employed or unemployed and not covered under any health insurance plan, please sign below.

Signature of Player: _____

**PART B - <u>This section MUST be completed in full, then signed by an official of your local organization.</u>**

1. Team name:

1a. League name:

2. State Association/Nationwide affiliate:

2a. Region:

3. Injury occurred at: ☐ Game ☐ Practice ☐ Travel ☐ Other Event

4. Name and type of event:

4a. Injury occurred on: ☐ Indoor Field ☐ Outdoor Field

5. Describe how accident occurred *(example: tackled from behind, tripped and fell, collision with player, etc.)*:

6. Type of injury *(example: broken arm, sprained ankle, broken nose, etc.)*:

6a. Body part injured *(example: ankle, knee, shoulder, head, etc.)*:

7. Name and Phone Number of coach, manager or referee present at the time of the accident:

8. *I hereby certify the foregoing statements made by me on this form to be true to the best of my knowledge. I am aware that if any of the foregoing statements on this form made by me are willfully false, I may be subject to penalties, which may include prosecution.*

Signature of League Verification Officer:_____ Title:_____

Signature of USASA Verification Officer:_____ Title:_____

## AUTHORIZATION

I waive any provision of law to the contrary and hereby authorize K&K Insurance Group, Inc./Specialty Benefits or its representatives to furnish to any hospital, physician or other person who has attended me, and my 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 herby authorize any hospital, physician or other person who has attended me and my insurance carrier or employer to furnish to K&K Insurance Group, Inc./Specialty Benefits or its representatives any an all information with respect to any sickness or injury, medical history, consultation, prescription, or treatments, 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.

**For residents of all states EXCEPT California, Colorado, Florida, Kentucky, Maine, Maryland, 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 the 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement 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 of claim or an application for insurance 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.

**For residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 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 any 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 by a fine of not less than five 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 be 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.

***I hereby certify the foregoing statements made by me on this form to be true to the best of my knowledge. I am aware that if any of the foregoing statements on this form made by me are willfully false, I may be subject to penalties, which may include prosecution.***

Signature of Player: _____ Date: _____

Signature of Coach, Manager or Referee: _____ Date: _____

***AFTER you receive your acknowledgement letter, you may contact K&K Insurance Group, Inc./Specialty Benefits at 1-800-237-2917, Option 1, if you have any questions about your claim.***

**K&K Insurance Group, Inc./Specialty Benefits, Attn: PA Claims, P.O. Box 2338, Fort Wayne, IN 46801**
Email: KK_PAClaims@kandkinsurance.com • Fax: 312-381-9077

The First Health Network

HYGEIA

PHCS

K&K INSURANCE
Insuring the world's fun!

# CLAIMS FILING INSTRUCTIONS FOR USASA ACCIDENT POLICIES

DES CHAMPS, GREGORY & HAYES, INC.
INSURORS

**Note: This coverage is EXCESS of other insurance. Please be sure to submit other insurance information (if available) when requested.**

1. You have been provided with a claim form that is designed specifically for USASA. Please use only this form. Do not delay submitting this form. It must be received within 90 days from the date of the accident or benefits may be denied due to untimely filing.

2. Part A must be fully completed and signed by the participant or his/her legal guardian.

3. **The form must be approved and verified by your League and State Association/National Affiliate Verification Officer** then sent to USASA National Office, 7000 S. Harlem Ave., Bridgeview IL 60455. USASA's National Office will then send your claim to K&K for processing.

4. Submit itemized insurance billing forms. These forms are available from your health care provider and include the patient's name, condition (diagnosis), type of treatment and date the expenses were incurred. "Balance due" statements are not acceptable.

5. If you have medical coverage under another policy you must submit the bills to your primary insurer first and submit a copy of your primary insurer's Explanation of Benefits statement (EOB) to K&K Insurance Group, Inc. /Specialty Benefits. **IF YOU HAVE OTHER INSURANCE, YOUR CLAIM CANNOT BE PROCESSED BY K&K Insurance Group, Inc. / Specialty Benefits WITHOUT YOUR PRIMARY CARRIER'S EOB**.

6. Once the completed form is received by K&K Insurance Group, Inc/Specialty Benefits you and your State/National Affilate Verification Officer will receive a claims acknowledgement letter.

7. AFTER you receive your Acknowledgement Letter, you may contact K&K Insurance Group, Inc./Specialty Benefits at 800-237-2917 Option 1.

Signature of State Association / National League verification officer: _____ Date: _____

## CLAIM PROCEDURE: U.S.A.S.A. SPECIAL RISK ACCIDENT CLAIM FORM Please print or type.

1. Participant (or legal guardian if under the age of 18) must complete this form in its entirety or it may be returned to you by the U.S.A.S.A. State Association.
2. **Do not delay submitting this claim form.** This form must be received, with or without attachments, within 90 days from the date of the accident, or benefits may be denied due to untimely filing. It must be completed in its entirety. Answer every section.
3. Once the claim form is completed, attach any itemized bills with corresponding primary carrier explanation of benefits you have received to date. The completed form must then be sent to your U.S.A.S.A. State Association office for validating.
4. Once the U.S.A.S.A. State Association has validated your claim, they will **forward it to USASA National Office** to preview and forward to the insurance company. The insurance company will inform you of any additional information they may need to process your claim.

K&K INSURANCE | SPECIALTY BENEFITS, INC. | DES CHAMPS, GREGORY & HAYES, INC. INSURORS

1. **COMPLETE THIS FORM.**
2. **ATTACH ALL BILLS.**
3. **MAIL TO: State Verification Officer Below**

# U.S.A.S.A. SPECIAL RISK ACCIDENT CLAIM FORM

**IF PARTS A and B ARE NOT COMPLETED IN FULL, THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED.**

**PART A – This section MUST be completed, dated and signed by the Injured Person – or by his/her Parent or Guardian if the Injured Person is under the age of 18 or otherwise dependent.**

| 1. Name of Injured Person (Insured): *First /Middle/Last* | 1a. Date of Accident: *Mo/Day/Year* |
|---|---|
| Jonny Hacksalot | 7/21/2015 |

2. Complete Mailing Address: *Street/City/State/Zip*
123 Fouler St. / Cleatsup / Vermont / 05400

| 3. Area Code/Home Ph#: | 3a. Area Code/Work Ph#: | 3b. Email Address: |
|---|---|---|
| 802-867-5309 | | boot-it@yahoo.com |

4. Is the injured person a Medicare/Medicaid beneficiary? ☐ Yes ☒ No
4a. If Yes, please provide Social Security number or Health I.D. number: _____

5. Date of Birth: *Mo/Day/Year* 04/14/1983

6. ☒ Male ☐ Female 6a. ☒ Single ☒ Married ☐ Full-time Student

7. Are you currently enrolled in any health insurance and/or other soccer accident plan? ☒ Yes ☐ No
If yes, all bills must be submitted to them first for consideration. If no, see lines 7a and 7b.

Company Name: BC/BS Vermont Group Name: ABCDE Policy Number: 12345

Company Name: _____ Group Name: _____ Policy Number: _____

7a. If you are not enrolled in any health insurance plan, we require written verification from your employer and your spouse's employer (if applicable), or Bursar's office if you are a full-time college student.

7b. If you are self-employed or unemployed and not covered under any health insurance plan, please sign below.

Signature of Player: _____

## AUTHORIZATION

I waive any provision of law to the contrary and hereby authorize K&K Insurance Group, Inc./Specialty Benefits or its representatives to furnish to any hospital, physician or other person who has attended me, and my 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 herby authorize any hospital, physician or other person who has attended me and my insurance carrier or employer to furnish to K&K Insurance Group, Inc./Specialty Benefits or its representatives any an all information with respect to any sickness or injury, medical history, consultation, prescription, or treatments, 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.

**For residents of all states EXCEPT California, Colorado, Florida, Kentucky, Maine, Maryland, 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 the 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement 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 of claim or an application for insurance 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.

**For residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 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 any 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 by a fine of not less than five 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 be 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.

***I hereby certify the foregoing statements made by me on this form to be true to the best of my knowledge. I am aware that if any of the foregoing statements on this form made by me are willfully false, I may be subject to penalties, which may include prosecution.***

Signature of Player: _____ Date: _____

Signature of Coach, Manager or Referee: _____ Date: _____

***AFTER you receive your acknowledgement letter, you may contact K&K Insurance Group, Inc./Specialty Benefits at 1-800-237-2917, Option 1, if you have any questions about your claim.***

**K&K Insurance Group, Inc./Specialty Benefits, Attn: PA Claims, P.O. Box 2338, Fort Wayne, IN 46801**
Email: KK_PAClaims@kandkinsurance.com • Fax: 312-381-9077

The First Health Network

HYGEIA

PHCS

**PART B - This section MUST be completed in full, then signed by an official of your local organization.**

1. Team name: Gooners

1a. League name: VASL

2. State Association: Vermont

2a. Region: One

3. Injury occurred at: ☒ Game ☐ Practice ☐ Travel ☐ Other Event

Tree Farm Park, Essex VT

4. Name and type of event: Men's summer league match

4a. Injury occurred on: ☐ Indoor Field ☒ Outdoor Field

5. Describe how accident occurred *(example: tackled from behind, tripped and fell, collision with player, etc.)*:

I was tackled from behind while making a glorious run to the far bar.

6. Type of injury *(example: broken arm, sprained ankle, broken nose, etc.)*:

Broken tibia, shattered dreams.

6a. Body part injured *(example: ankle, knee, shoulder, head, etc.)*:

Left leg

7. Name and Phone Number of coach, manager or referee present at the time of the accident:

Match referee Reg Dunlop 802-111-2222

8. *I hereby certify the foregoing statements made by me on this form to be true to the best of my knowledge. I am aware that if any of the foregoing statements on this form made by me are willfully false, I may be subject to penalties, which may include prosecution.*

Signature of League Verification Officer: _____ Title: _____

Signature of USASA Verification Officer: _____ Title: _____