Accident Claim Form

USA Team Handball Protection Program, powered by Golden

FILE YOUR CLAIM

Email: claims@getgolden.insure
Online: https://www.usateamhandball.org/membership
Phone: 914-546-5336
Policy: SEIC-USATH-MASTER-2026-001

All fields must be completed. Pages one and two must be signed and dated. Include the policy number on all correspondence.
Part I is completed by the policyholder. Part II is completed by the claimant, or by the parent or guardian if the claimant is a minor.
Send copies of itemized bills showing the provider name, address, tax ID, diagnosis, and procedure codes, plus the Explanation of Benefits from your primary insurance.
Benefits are payable to the physicians and providers unless accompanied by paid receipts.

PART I POLICYHOLDER REPORT (SIGNATURE REQUIRED AT THE END OF THIS SECTION)

1. Policy number

2. Name of policyholder

3. Policyholder address

4. City

State

Zip

5. Policyholder contact

Email

Phone

Fax

6. Last name of claimant

First name of claimant

7. Social Security number

Date of birth

8. If covered under Medicare, gender is required for federal reporting. Sex: ☐ Male ☐ Female ☐ Prefer not

9. Grade (if applicable)

☐ Day school ☐ Boarding

10. Nature of injury (describe, indicate the part of the body injured, e.g. broken arm, sprained ankle). Must be a bodily injury due to accident.

11. Describe how the accident occurred, provide all details (include the name of the sport or activity).

12. Did the accident occur:

a. During a policyholder supervised or authorized activity? ☐ Yes ☐ No
b. During a policyholder sponsored activity? ☐ Yes ☐ No
c. During scheduled policyholder hours? ☐ Yes ☐ No
d. While traveling to or from a policyholder sponsored and supervised activity? ☐ Yes ☐ No
e. Off policyholder premises, at home, during the weekend, holiday, or summer vacation? ☐ Yes ☐ No

13. Date of accident

Time

☐ A.M. ☐ P.M.

Place of accident

14. Name and title of person supervising activity

Witness? ☐ Yes ☐ No

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PART II TO BE COMPLETED BY THE CLAIMANT, OR PARENT/GUARDIAN IF THE CLAIMANT IS A MINOR

1. Name of claimant or father/guardian

Social Security number

Email address

2. Name of mother or guardian

Social Security number

Email address

3. Street address of claimant or parent/guardian

City

State

Zip

Telephone

4. Father or guardian's insurance company

5. Mother or guardian's insurance company

6. Employer of claimant or father/guardian (if a minor) Name

Address

7. Employer of claimant or mother/guardian (if a minor) Name

Address

8. Is the claimant enrolled in any of the following (if yes, attach a copy of the insurance card, front and back)?

a. Preferred Provider Organization (PPO)? ☐ Yes ☐ No

b. Health Maintenance Organization (HMO)? ☐ Yes ☐ No

c. Medicare? ☐ Yes ☐ No

d. Medicaid? ☐ Yes ☐ No

e. Dental? ☐ Yes ☐ No

AFFIDAVIT

I verify that the statement on the other insurance is accurate and complete. I understand that intentionally furnishing incorrect information may be fraudulent and violate federal and state laws. I agree that if it is later determined that there are other insurance benefits collectible on this claim, I will reimburse the Company to the extent it would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION

I authorize any health care provider, medical professional, facility, insurance company, person, or organization to release any information regarding medical, dental, mental, alcohol, or drug abuse history, treatment, or benefits payable, including disability or employment-related information, to the carrier and its authorized agents for the purpose of validating and determining benefits payable. I understand I may revoke this authorization in writing at any time, except to the extent it has already been relied upon.

PAYMENT AUTHORIZATION

I authorize all current and future medical benefits for services rendered and billed as a result of this claim to be payable to the physicians and providers indicated on the invoices, unless paid receipts accompany this form.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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 may subject the person to civil and criminal penalties. State-specific notices are on page three.

Claimant signature (parent or guardian, if the claimant is a minor)

Date

Your signature above also acknowledges that you have read the fraud statements on page three.

State Fraud Statements

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CLAIM FORM FRAUD STATEMENTS

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection, Arizona law requires the following: any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, RHODE ISLAND, WEST VIRGINIA: 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.

CALIFORNIA: For your protection, California law requires the following: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding them shall be reported to the Colorado Division of Insurance.

DELAWARE, IDAHO: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and fines. An insurer may deny benefits if false information materially related to a claim was provided by the applicant.

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.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer any written statement as part of, or in support of, an application or a claim that contains materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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.

MAINE, TENNESSEE, VIRGINIA, 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, or a denial of insurance benefits.

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.

MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NORTH CAROLINA, OREGON: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

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 thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TEXAS: Any person who knowingly presents a 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject the person to civil and criminal penalties.

This document must be signed and dated on pages one and two prior to submitting.