

Eastern New York Youth

Soccer Association, Inc.





53 North Park Avenue, Suite 207, Rockville Centre, New York 11570-4111 516-766-0849 • 1-888-5-ENYYSA • Fax 516-678-7411 • E-Mail enyoffice@enysoccer.com

Advance Notice of Injury/Claim Form Procedure

When reporting an injury the following procedure is taken:

- 1. The Advance Notice of Injury form must be completed by the Coach and submitted to your League.
 - Note: You have 90 days from date of injury to submit the claim form. For claims to be eligible for coverage you must seek medical attention within 60 days from the date of injury.
- 2. The League then verifies that the player is registered and that the injury occurred at a sanctioned ENYYSA event. Once verified, the League approves and forwards to the ENYYSA State Office.
- 3. ENYYSA receives the Advance Notice of Injury form from the League, reviews and approves. The Claim Form is forwarded to the parent / guardian via e-mail. It is important that you include a current e-mail address on the form.
- 4. The parent / guardian must complete the Claim Form and return to the ENYYSA State Office for processing. If the Claim Form is not returned a claim will not be filed with the Insurance carrier.
- 5. ENNYSA forwards the Claim Form to the Insurance carrier.
- 6. At this point, inquiries should be directed toward the insurance carrier at 1-800-526-1379.

Note: ENYYSA insurance is secondary insurance with a \$500 (five hundred dollar) deductible per occurrence.













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ADVANCE NOTICE OF INJURY

NAME:	DOB:				
ADDRESS:					_
CITY:					_
PHONE #:	EMAIL:				-
CLUB:		TEAM:			_
DATE OF INJURY:	TIME:	PLACE:			_
EVENT:				(who was opponent	t)
TYPE OF INJURY:					
HOW DID INJURY OCCUR?					_
					_
					_
DOES THE INJURED PLAYER	HAVE PRIMARY INS	URANCE?	YES _	NO	
СОАСН:		PHONE #:			
SIGNATURE OF COACH:			DATE:		
AFTER COMPLETING THE AB	OVE, PLEASE SEND	THIS FORM TO YO	UR LEA	AGUE OFFICE.	
LEAGUE APPROVAL			DATE:		











