

# Connecticut Junior Soccer Association

## Verification of Insurance Eligibility Form

(This is only an eligibility verification form, you must also complete the Pullen Insurance claim form to have a claim processed)

(Please Print)

Name of Insured (Injured Party) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address of Insured \_\_\_\_\_  
Street City Zip

Player \_\_\_\_ Coach \_\_\_\_ Assistant Coach \_\_\_\_ Administrator \_\_\_\_ Referee \_\_\_\_

Date of Accident \_\_\_\_\_ Location of Accident \_\_\_\_\_

Description of Accident \_\_\_\_\_  
\_\_\_\_\_

Description of Injury \_\_\_\_\_  
\_\_\_\_\_

Is CJSA your primary insurance carrier? Yes \_\_\_\_ No \_\_\_\_

If you have primary insurance, you must submit all claims to that carrier before submitting your bills to CJSA. After all payments have been made, submit the completed claim form along with the itemized statements from each healthcare provider and the payment explanation worksheets to your Club President and District Vice President.

If the claim is for an injury at an approved CJSA Commercial Indoor Facility the Owner/Manager of the facility must sign the verification.

### VERIFICATION OF INJURED PARTY'S REGISTRATION, CLUB AFFILIATION & ACCIDENT

I, \_\_\_\_\_, as President or Indoor Owner/Facility Manager certify that on the date of the

Name of president/owner

accident listed above, \_\_\_\_\_ was registered with our club or facility. I understand that proof of

Name of insured

registration may be requested if needed.

Name of affiliated Club or Indoor Facility \_\_\_\_\_

Club President or Facility Owner/Facility Manager Name \_\_\_\_\_

\_\_\_\_\_  
Signature and phone number of Club President or Facility Owner/Manager

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of District Vice President

\_\_\_\_\_  
Date Signed

When this form has been signed by all the appropriate parties, please send to:

CJSA – Insurance Claim  
11 Executive Drive  
Farmington, CT 06032

If you have any questions regarding the completion of this form, call CJSA, 860-676-1161.

Insurance 8/8/08