

**IMPORTANT!**

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**Claims . . .**

**-When to File. . .**

**- How to File. . .**

**- Where to File. . .**

Club members must be instructed to file all medical claims with their Federation! Association Insurance Chairman within twenty (20) days from the date of injury.

The chairman will check the claim form to verify all questions have been answered and that medical bills, if available, are attached. The chairman will sign the form and forward it to the USDA Insurance Coordinator.

Claims will NOT be processed if sent direct to the Markel Insurance Company. Markel will return the claim to the USDA Insurance Coordinator for verification before processing.

*If a dancer has other insurance which covers medical expenses resulting from injuries, the USDA insurance will pay all covered costs not paid by the dancer's primary insurance ... up to the limits of this policy. Please be advised that a claim will be processed faster if a letter of denial or an explanation of benefits from the primary carrier is included with the claim material.*

The accidental death and dismemberment provisions are not affected by any other insurance.

The claimant must sign the claim form where designated. "DOB" on the form means Date of Birth.

Do not leave the claim-form with the doctor or hospital to be mailed. The claimant should mail or personally deliver the form to their insurance chairman.

*If the claim is submitted without bills, it will be held by the company until bills are received. If treatment is to continue over a period of time, bills should be sent in as they are received by the claimant.*

**NATIONAL INSURANCE COORDINATOR**

P. O. Box 22

Tucker, GA 30085-0022

Tel.: (404) 289-6148 FAX: (404) 289-6149

Email: [usda.insurance@usda.org](mailto:usda.insurance@usda.org)

# When, Where, Why & How It Happened

Club Accident Report

▶ **NEBRASKA STATE SQUARE & ROUND DANCE ASSOCIATION**

State			
Association/Federation			
Club		Date of Accident	
Club Officer		Telephone	
Location of Accident			
Name of Injured Person	<i>PHONE #</i>		
Address			
Member of		Club	
Nature of Injury			
Description of Accident	-----		
When & Where was treatment given	-----		
Name & Address of Witness: -----			
1.			
2.			
3.			
Signed			
Telephone			

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN ACCIDENT AND SEND TO:  
Your Federation / Association Insurance Chairman

UPON RECEIPT OF THIS ACCIDENT REPORT A CLAIM FORM WILL BE MAILED TO THE CLUB.