



#730-800 WEST PENDER STREET  
 VANCOUVER, BC V6C 2V6  
 TEL: (604)685-0050  
 Toll free 1 800 993 6388  
 FAX: (604)669-1007

**NOTIFICATION OF CLAIM  
 ATHLETICS GROUP DEPARTMENT**

Full Name of Insured Person \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth D/M/Y \_\_\_\_\_

If a Minor, give Full Name of Parent or Guardian (Relationship) \_\_\_\_\_

Name of Team or League For Which You Were Playing \_\_\_\_\_ Sport \_\_\_\_\_

Date of Injury \_\_\_\_\_ Date First Treated By Dentist (If applicable) \_\_\_\_\_

Explain, in Detail, How the Accident Occurred?  
 \_\_\_\_\_  
 \_\_\_\_\_

Was It During a Practice Period of Playing a League Game? \_\_\_\_\_ Where Game or Practice was Taking Place \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Name of Dentist or Doctor \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

What Other Hospital, Medical or Dental Insurance Do You Have?  
 \_\_\_\_\_

Signature of Insured or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**CERTIFICATE OF TEAM MANAGER OR CLUB EXECUTIVE**

Name of Team/League/Association \_\_\_\_\_ Policy Number or Certificate Number \_\_\_\_\_

What Sport is Team Engaged In? \_\_\_\_\_ Was He/She Injured While Playing in a League Game or in a Practice? \_\_\_\_\_

Was the Above Player a Member At The Time of Injury? \_\_\_\_\_ On What Date Did He/She Join the Team? \_\_\_\_\_

Signed \_\_\_\_\_ State Position in Club \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_



CLAIM NO: \_\_\_\_\_

INSURED: \_\_\_\_\_

NAME: \_\_\_\_\_

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### OTHER INSURANCE DECLARATION FORM

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The Accident Policy as purchased by your sports association provides coverage in excess of any private or government medical/dental plan. **If you incur medical or dental expense as the result of sports injury, you are required to submit those expenses to your government or private medical dental plan. Only expenses not covered by MSP (the provincial plan for province you reside in) will be considered. Any primary coverage you have in excess of the provincial plan must also be utilized first.**

If in the event your personal medical/dental plan does not provide full reimbursement, you are then eligible to submit the amounts *not paid* to your sports association for processing.

Please clarify your situation by checking on of the following:

Yes, I do have private coverage but I do not believe that they will provide full reimbursement and would ask that you keep my claim open until we receive clarification of the amount of the expenses not covered by them, at which time I will forward the amount not covered by them to you for your consideration.

No, I do not maintain any private medical/dental coverage. The expenses I am submitting are not covered by any other primary plan.

If you are a minor, then your parents or legal guardian must complete this form on your behalf.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Please Print)

SIGNATURE: \_\_\_\_\_

**THIS FORM IS TO BE SUBMITTED WITH EVERY SPORTS ACCIDENT CLAIM FORM, DULY COMPLETED AND SIGNED.**