

# SPORTS-CAN

INSURANCE CONSULTANTS LTD.

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## NOTIFICATION OF CLAIM ATHLETICS GROUP DEPARTMENT

Full name of insured person:

Male / Female

Date of Birth M/D/YR

If a Minor, give full name of Parent or Guardian (Relationship)

### SPORT - SOFTBALL

Name of team or league for which you were playing

Date of Injury

Date first treated by dentist (If applicable)

Explain, in detail, how the accident occurred

Was it during a practice or while playing a league game?

Where game / 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

**SC10356**

What sport Is the team engaged In?

Did injury occur while playing in a league game or in a practice?

**SOFTBALL**

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.: \_\_\_\_\_

CLUB: \_\_\_\_\_

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

SPORTSCAN  
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**OTHER INSURANCE DECLARATION FORM**

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The Insurance Policy as purchased by your sports organization provides for coverage in excess of any private or government medical/dental plan. **If you incur medical or dental expenses as the result of a sports injury, you are required to submit those expenses to your government or private medical/dental plan firstly.**

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

Please clarify your situation by checking one of the following:

\_\_\_\_\_ YES, I have private coverage and will be submitting my claim directly to my private insurers.

\_\_\_\_\_ YES, I 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 medical/dental coverage. The expenses I am submitting are not covered by any other plan.

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

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

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

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

PLEASE RETURN AS SOON AS POSSIBLE, TO SOFTBALL ALBERTA  
ALONG WITH ANY EXPENSES INCURRED TO DATE  
9860-33 AVENUE  
EDMONTON, ALBERTA T6N 1C6