LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:

Little League International 539 US Route 15 Hwy, PO Box 3485 Williamsport PA 17701-0485

Accident Claim Contact Numbers:

Phone: 570-327-1674 Fax: 570-326-9280

- 1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
- 2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
- 3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
- 4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 5. *Limited* deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.

provided to the league president, or contact Little League	neauquarters	within the yea	ir Or irijury.				
League Name					_eague I.I	D.	
Name of Injured Person/Claimant	PART 1	Date of Birth	n (MM/DD/\	(Y)	Age	Sex	ale □ Ma
Name of Parent/Guardian, if Claimant is a Minor		Home Phon	e (Inc. Area	a Code)	Bus. Phor	ne (Inc. A	
Address of Claimant	Addre	ess of Parent/	Guardian, i	f differen	t		
The Little League Master Accident Policy provides benefits in per injury. "Other insurance programs" include family's person employer for employees and family members. Please CHECK	nal insurance, s K the appropria	student insura te boxes belo	ance througow. If YES,	h a scho	ol or insu	rance thro	
Does the insured Person/Parent/Guardian have any insurance		mployer Plan idividual Plan		□No □No	School Dental		Yes □l Yes □l
1	pe of Injury						
Describe exactly how accident happened, including playing p	position at the t	ime of accide	nt:				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	OFFICIAL SCO SAFETY OFFIC	JMPIRE T REKEEPER CER	☐ TRAV ☐ TRAV ☐ TOUR	TICE	Т	(NOT G SPECIA (Submit	
I hereby certify that I have read the answers to all parts of this complete and correct as herein given. I understand that it is a crime for any person to intentionally a submitting an application or filing a claim containing a false of I hereby authorize any physician, hospital or other medically it that has any records or knowledge of me, and/or the above in Little League and/or National Union Fire Insurance Company as effective and valid as the original. Date Claimant/Parent/Guardian Signature.	attempt to defra r deceptive sta related facility, amed claimant of Pittsburgh,	ud or knowing tement(s). Se insurance con i, or our healtl Pa. A photost	gly facilitate ee Remarks mpany or o h, to disclos atic copy o	e a fraud section ther orga se, when f this aut	against a on revers inization, ever requ horization	in insurer se side of institution tested to design shall be	by form. or person do so by
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Date Claimant/Parent/Guardian Signatu	ire						

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)									
Name of League	Name of Injured F		League I.D. Number						
Name of League Official	1		Position in League						
Address of League Official			Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()						
Were you a witness to the accident? ☐Yes ☐No Provide names and addresses of any known witnesses to the reported accident.									
Check the boxes for all approprise POSITION WHEN INJURED	each column must be sele PART OF BODY	ected. CAUSE OF INJURY							
□ 01 1ST □ 02 2ND □ 03 3RD □ 04 BATTER □ 05 BENCH □ 06 BULLPEN □ 07 CATCHER □ 08 COACH □ 09 COACHING BOX □ 10 DUGOUT □ 11 MANAGER □ 12 ON DECK □ 13 OUTFIELD □ 14 PITCHER □ 15 RUNNER □ 16 SCOREKEEPER □ 17 SHORTSTOP □ 18 TO/FROM GAME □ 19 UMPIRE □ 20 OTHER □ 21 UNKNOWN □ 22 WARMING UP	INJURY 01 ABRASION 02 BITES 03 CONCUSSION 04 CONTUSION 05 DENTAL 06 DISLOCATION 07 DISMEMBERMENT 08 EPIPHYSES 09 FATALITY 10 FRACTURE 11 HEMATOMA 12 HEMORRHAGE 13 LACERATION 14 PUNCTURE 15 RUPTURE 15 RUPTURE 16 SPRAIN 17 SUNSTROKE 18 OTHER 19 UNKNOWN 12 PARAPLEGIC	□ 01 ABDOMEN □ 02 ANKLE □ 03 ARM □ 04 BACK □ 05 CHEST □ 06 EAR □ 07 ELBOW □ 08 EYE □ 09 FACE □ 10 FATALITY □ 11 FOOT □ 12 HAND □ 13 HEAD □ 14 HIP □ 15 KNEE □ 16 LEG □ 17 LIPS □ 18 MOUTH □ 19 NECK □ 20 NOSE □ 21 SHOULDER □ 22 SIDE □ 23 TEETH □ 24 TESTICLE □ 25 WRIST □ 26 UNKNOWN □ 27 FINGER	□ 01 BATTED BALL □ 02 BATTING □ 03 CATCHING □ 04 COLLIDING WITH FENCE □ 06 FALLING □ 07 HIT BY BAT □ 08 HORSEPLAY □ 09 PITCHED BALL □ 10 RUNNING □ 11 SHARP OBJECT □ 12 SLIDING □ 13 TAGGING □ 14 THROWING □ 15 THROWN BALL □ 16 OTHER □ 17 UNKNOWN						
Does your league use breakaway bases on: □ALL □SOME □NONE of your fields? Does your league use batting helmets with attached face guards? □YES □NO If YES are they □Mondatory or □Optional At what levels are they used?									
If YES, are they Mandatory or Optional At what levels are they used? I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge. Date League Official Signature									