



CLAIMS FILING INSTRUCTIONS FOR USASA ACCIDENT POLICIES



Note: This coverage is EXCESS of other insurance. Please be sure to submit other insurance information (if available) when requested.

1. You have been provided with a claim form that is designed specifically for USASA. Please use only this form. Do not delay submitting this form: it must be received with or without attachments, within 90 days from the date of the accident or benefits may be denied due to untimely filing.
2. Part A must be fully completed and signed by the participant or his/her legal guardian.
3. The form must be approved and verified by the League and State Association Verification Officers then sent to USASA National Office, 7000 S. Harlem Ave., Bridgeview IL 60455. USASA's National Office will then send to K&K for Processing.
4. Submit itemized insurance billing forms.* These forms are available from your health care provider and include the patient's name, condition (diagnosis), type treatment and date the expenses(s) was/were incurred. "Balance due" statements are not acceptable.
5. If you have medical coverage under another policy you must submit the bills to your primary insurer first and submit a copy of your primary insurer's Explanation of Benefits statement (EOB) to K&K Insurance Group, Inc. /Specialty Benefits. **IF YOU HAVE OTHER INSURANCE, YOUR CLAIM CANNOT BE PROCESSED BY K&K Insurance Group, Inc. / Specialty Benefits WITHOUT YOUR PRIMARY CARRIER'S EOB.**
6. USASA National Office will email, fax or mail your COMPLETED FORM TO:
K&K Insurance Group, Inc. /Specialty Benefits
Attn: Participant Accident Claims
P.O. Box 2338
Fort Wayne, IN 46801
Email: KK_PACLAIMS@KANDKINSURANCE.COM
Fax: 312-381-9077
7. Once the completed form is received by K&K Insurance Group, Inc./Specialty Benefits you and your State Verification Officer and USASA National Office will receive a claims acknowledgement letter.
8. **AFTER** you receive your Acknowledgement Letter, you may contact K&K Insurance Group, Inc./Specialty Benefits at 800-237-2917 Option 1.

Complete the insurance claim form and mail it back to me:

Gwen Barros
98-1679 Hoomaike Street
Pearl City, Hawaii 96782

I must verify that you are registered and sign the form or the insurance company will return the form to you. You may send any bills that you have at that time, bills that you receive after sending me the form you may either hold them and the insurance company should send instructions directly to you or you may send bills to me and I will forward them to the insurance company until you receive information from them.

YOU MUST SUBMIT FORMS WITHIN 90 DAYS.

Any questions please email me at : gbarros.51@gmail.com.

Our State Association is :Hawaii and we are Region IV.

PLEASE DO NOT SEND CERTIFIED MAIL.