



LloydSadd



NAVACORD®

Claims Instructions



NSA Claims Instructions

- Sports Accident coverage provides cash payment for specific types of injuries. Costs such as ambulance charges, and immediate “out of pocket” expenses related to an injury may also be provided through this coverage.
- In conjunction with the general liability policy, the NSA Canada provides a sports accident package to pay benefits in the event of an accident or injuries sustained by any of the participating members or any member club in the NSA Canada while involved in a practice session or game.
- It’s also important to know that employee-based benefit packages and/or Provincial Health Care Programs are the Primary or First Payor’ for these expenses. **This program is for excess insurance only.**
- The Deductible is \$0.00 as there is no deductible clause under this policy.

Medical Injury Claims

- The Sports Accident Insurance Claim Form must be completed in full in order to process your claim. Be sure to include the Section A – Attending Physician’s Statement section on page 2 which must be completed by the attending physician (MD) who first was the insured **within 30 days of the injury**. Chiropractors, Physiotherapists, Registered Nurses, or any other service providers are not eligible to complete the form.
- In the event that a member is initially treated in a hospital, a copy of the Hospital Discharge Report may be submitted instead of the Attending Physician’s Statement.
- Claims for Physiotherapy, Athletic Therapy, Brace expenses must be accompanied by the original receipts and the written referral from the attending physician recommending the treatment.

Dental Injury Claim

- The sports accident insurance claims form must be completed in full in order to process your claim. If claiming for dental injury, please be sure that Page 1 Section B-Attending Dentist’s Statement on Page 2 of the claim are completed by the attending dentist who was the insured **within 30 days of the injury**.
- If you have more than one insurance carrier, please note that we require a detailed Explanation of Benefits from your primary carrier along with the completed claims from including specific dental procedures and tooth codes.

Important!

The claims form must be signed and authorized by one of the following officials Manager / Coach / or Sports Team Authority Only.



The form must be submitted **within 30 days on the injury**, regardless of whether expenses have been incurred.

Attach only original receipts for all expenses being claimed.

These types of claims are subject to a **52 week indemnity period**. Any expenses that are incurred past the 52 week indemnity period **will not be reimbursed** under this policy.

ONCE THE FORM IS COMPLETE, PLEASE RETURN ALL CLAIM FORMS AND SUPPORTING DOCUMENTATION TO:

Industrial Alliance Insurance and Financial Services Inc. (Claims Department) - BY MAIL OR FAX

400 - 988 Broadway West,
PO Box 5900, Vancouver, BC V6B 5H6
Tel: 1-800-266-5667
Fax: 1-866-913-3620

Please note that all claims are subject to the standard adjudication processing. You should expect a response within 2-4 weeks depending on claims volume. The response will be one of the following:

- Payment or Notification of Payment.
- Request for more information if required.
- Acceptance or Denial of the claim with reasons.

For Any Issues with the form or claims process please contact Mandi Devereaux at mdevereaux@loydsadd.com or Neil Hogg at nhogg@loydsadd.com.