



Instructions for filing a Participant Accident Claim Policy #4102AH020145

Please remember this is secondary coverage to any primary insurance, such as a group medical policy provided by an employer, a personal medical insurance policy or as a dependent on a parent or guardian's medical policy. You will be responsible for a \$1,000 deductible, which will be satisfied by primary coverage deductibles, and 20% co-insurance.

Did you know that missing one item on your claim could delay payment? You can help us speed up the claim process by properly completing and mailing required information. The following guidelines will help you in filling out the forms and gathering information:

Step 1: Claimant, Event Organizer and/or Parent/Guardian

- The claimant, event organizer, and/or parent/guardian must complete Section I & II of the claim form.
- It is mandatory for the claimant, parent or guardian to complete Section IV including ALL other insurance information in full detail. Please note that signatures are required of the claimant, parent or guardian.
- If you need any assistance please call Bollinger Insurance Solutions at (866) 267-0093 prior to mailing the claim form.

Step 2: Mail to the Ultimate Players Association

- Ultimate Players Association, as the Policyholder, must complete, date, and sign Section III of the claim form. It is necessary that you return the completed form to us.
- At the time of submitting the claim form to the UPA, you may include any ORIGINAL ITEMIZED BILLS that you may have at that time for ALL services rendered by health care providers. The bills must include the following: date of service, type of service and amount charged for each service.
- You should **make copies** of the completed claim form and all itemized bills that are involved in the claim and **KEEP THEM FOR YOUR RECORDS**.

Step 3: Mail Documents to HSR

- After submitting your claim form to the UPA, any subsequent bills (meeting the description above) should be mailed directly to Bollinger Insurance Solutions including our Policy #:4102AH020145
Bollinger Insurance Solutions
P.O. Box 390
Short Hills, NJ 07078

It is your responsibility to obtain all requested information from the provider and forward the completed form along with itemized bills.