



**Instructions for filing a Participant Accident Claim
Policy #PAIL00600103002**

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.

If you need any assistance please call Leah at USA Ultimate at (719) 219-8335 prior to sending in the claim form.

Step 1: Complete the Form

- It is mandatory for the claimant, parent or guardian to complete the entire form including ALL other insurance information in full detail. Please note that signatures are required of the claimant, parent or guardian.
- The special risk organization is USA Ultimate.

Step 2: Send to USA Ultimate

- USA Ultimate, as the Policyholder, must complete, date, and sign the claim form. It is necessary that you return the completed form to us.
- Email the claim form to Leah@hq.usultimate.org
- You can request a copy of the completed claim form for your records.

Step 3: Contact AGA

- After submitting your claim form to USA Ultimate you will receive a claim number. Please keep that number for your records.
- All further communication will be between the claimant and AGA
- Any subsequent bills should be sent directly to AG Administrators by one of the following methods. Please include the Policy #: PAIL00600103002
 - Email: Claims@agadm.com
 - Fax: (610) 935-2860
 - Mail:
AG Administrators
P.O. Box 979
Valley Forge, PA 19482
- Call AGA with any questions regarding the insurance policy/plan/benefits at (610) 933-0800

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

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.