

Utah High School Activities Association Catastrophic Accident Medical Claim Notification Form

Accidental injuries eligible for consideration under the UHSAA catastrophic plan are subject to a 90-day claim notification requirement. At the time of injury, this form must be completed and **faxed to ALL THREE (3) numbers below:**

UHSAA Fax: (801) 566-0633

Broker:

USI

Attn: Dezy Zohner, **Fax: (877) 707-7910**

Claims Administrator:

American Specialty Insurance & Risk Services, Inc.

Attn: Drew Smith, **Fax: (260) 969-4729**

Please complete the following information prior to sending:

1. Name of School	2. Location	3. School District
4. Name of Insured	5. Social Security #	6. Date of Birth
7. Grade	8. Gender	9. Date of Accident
10. Time of Accident	11. Place of Accident	12. Name of Activity
13. Describe Injury		
14. Name & phone # of Supervisor		15. Title of Supervisor
16. School Principal's Signature		17. Filing Date
18. Insured day contact name/number		19. Insured email contact
20. Insured home address:		