



**GAA INJURY BENEFIT FUND
SUMMARY DOCUMENT**

Effective from 1st January 2018

Club and County Panel Edition



What is the GAA Injury Benefit Fund?

The GAA has operated an Injury fund in one way or another since 1929. Through a process of constant review, the Association continues to exercise concern for the welfare of registered members involved in our national games in various capacities. The mandatory benefit fund provides benefits to registered members playing the national games of Hurling, Gaelic Football, Handball and Rounders* whose clubs are registered with the fund.

The GAA Injury Benefit Fund is a self-funded benefit fund funded entirely from GAA funds with no outside involvement. In effect it is a benefit fund funded by members for the members. The Injury Fund is not an Insurance Scheme and is therefore, not regulated by the Central Bank of Ireland. As payments from the fund come directly from GAA funds, there is no insurer involved with the fund. There is no legal obligation on the GAA to provide such a fund. Risk is an inherent factor in sport, as in life. When members voluntarily take part in club activities, they accept the risks that such participation may bring. Legal representation is not required and therefore, there is strictly no legal expenses cover amongst the benefits provided. Each player needs to ensure that they have adequate cover in place to meet their own individual needs and personal circumstances. The GAA Injury Benefit Fund is only in place to cover benefits which cannot be claimed elsewhere and is a benefit cover only.

The GAA Injury Benefit Fund does not seek to compensate fully for injuries sustained but to supplement other Schemes such as Personal Accident or Health Insurance. The playing of Gaelic Football, Hurling, Handball and Rounders* involves the risk of injury and it is each individual registered player's responsibility to familiarise themselves with the terms and benefits of the GAA Injury Benefit Fund. The Injury Benefit Fund only provides cover for unrecoverable losses up to the limits specified.

In summary, the GAA Injury Benefit Fund is in place to cover benefits which cannot be claimed elsewhere. Therefore, if a claimant is seeking to claim benefit from the fund, they must exhaust all other avenues before making a claim under the GAA Injury Benefit Fund. Furthermore, the Injury Benefit Fund should not be used as a guarantee for the payment of expenses. Ultimately, the responsibility to ensure that adequate cover is in place lies with the individual member, commensurate with his/her specific needs and members should not use the fund as their only recourse or be dependent on the fund to compensate them fully for any losses associated with the injury sustained.



Who is covered under the GAA Injury Benefit Fund?

The GAA Injury Benefit Fund applies to:

- 1.1 Registered Players as per the Official Guide who play on a team registered with the GAA Injury Benefit Fund who incur accidental bodily injury* while playing Hurling, Gaelic Football, Handball or Rounders* only, either
in the course of an official competitive fixture or an Official Sanctioned challenge match or the course of an official supervised training session.
- 1.2 Match officials* i.e. referees, linesmen or umpires, injured while officiating at an official competitive fixture of Hurling, Handball, Gaelic Football or Rounders* as specified in 1.1 above.
- 1.3 Voluntary coaches, team managers, selectors and members of official team parties injured during games or training as specified in 1.1 above.

The GAA Injury Benefit Fund covers Adult* and Youth* members of the GAA.

For the purpose of the Benefit Fund, the following applies:

An Adult* is a registered and paid member of the GAA as per the Official Guide who is 18 years of age or over* on the 1st January of the calendar year.

A Youth* is a registered and paid member of the GAA as per the Official Guide who is under 18 years of age on the 1st January of the calendar year.

Please note that the GAA Membership Year runs from January 1st – December 31st annually and it is a requirement as per the official guide that all members are registered via the Membership system annually. Playing Members should not be permitted to participate in training or fixtures until they have been registered for the 2018 playing year. If a claim is notified to Willis Towers Watson and the claimant is not in the membership system at the date of his claim or is registered after the injury date, the claim will be declined and no appeals will be considered. There is a significant number of claims been reported for unregistered members which will not be tolerated going forward as the GAA Injury Benefit Fund is in place to benefit registered members only.

Girls may participate only up to and including Under 12 Grade. Once a girl turns 12 years old, they must register with the Ladies Gaelic Football Association or Cumann Ceanógíochta and ensure that cover is in place with the appropriate Association to cover their specific needs. Willis Towers Watson can provide details of a Carnegie Personal Accident policy if required. Social Members, non-playing and non-coaching members are not covered under the GAA Injury Benefit Fund for injuries sustained during GAA activities.

* Please see Glossary for definition



Funding & Subscriptions

The GAA Injury Benefit Fund is funded in its entirety by annual team subscriptions together with six per cent of Gross Gate Receipts from Championships and National Leagues alongside a significant Central Council contribution. The amount of team subscriptions shall be:

- a) Adult - €1000.00 per team – no maximum per Club or Unit
- b) U21 - €200.00 per team – no maximum per club or unit
- c) Youth - €200.00 per team to a maximum of €1200.00 per Club or Unit
- d) Rounders – as per agreement
- e) Handball – as per agreement

In addition to the above, a claims hand programme applies to all registered clubs \ county panels with the sole aim of it to bring equitable distribution to the Fund in that the claims experience of each registered club \ county panel is accounted for in the calculation of the annual subscriptions due.

Please be advised that refunds of subscriptions will not be considered

All seven a side teams and teams playing in authorised official competitions whether Adult or Youth are included in the categories listed. Team subscriptions may be altered from time to time at the discretion of Cumann Lúthchleas Gael.

There is no cover under the GAA Injury Benefit Fund for injuries sustained at unauthorised \ unofficial competitions, charity events, recreational activities and fundraisers. If your club is in doubt as to whether cover is in place for a specific competition, you must contact your County Board for confirmation of same.

Amalgamations

Cover under the GAA Injury Benefit fund is provided on a per team basis so amalgamated teams need to be registered under whatever name they field under. Members of the amalgamated team are registered as members of their respective adult club. If they are not registered under the correct name Willis Towers Watson will not have a record of the teams and this will delay the assessment of the claim.

Please see link to the Servasport Helpdesk on how to create an amalgamation:

<https://servasport.zendesk.com/hc/en-us/articles/203088556-Amalgamations>

The Association reserves the right to decline renewal of any application or to apply special conditions or excesses or to waive the strict compliance with any of these regulations.



Registering for the Fund – what to do?

Cover under the GAA Injury Benefit Fund operates from 1st January to 31st December annually. It is important to note that if registered teams participate in competitions and that competition does not conclude until the following year, the teams must be registered for both years. For example, if a completion began in August 2017 but does not conclude until April 2018, the team must be registered under the Fund for 2017 and 2018.

Teams must be registered annually on or as soon as possible after the 1st January each year. Registration and payment of team subscriptions must be completed before any team is permitted to field in official fixtures. The latest date by which registration can be completed and team subscription payment submitted is the 1st March of the calendar year. Individual county boards may set earlier registration dates as required. Please follow the following steps to register for the 2018 GAA Injury Benefit Fund

- A renewal invitation email has been issued to all club \ county secretaries at their official gaa email address. The invitation renewal is based on the teams registered for 2017.
- Once the secretary receives the renewal email invitation, please log into <https://people.gaa.ie>.
- Please use the web browsers Google Chrome and Firefox when accessing <https://people.gaa.ie> otherwise you will receive an error message.
- Each club has been provided with a User ID and Password to access the GAA On-line Management System (Servasport). This is the same system whereby member registration is completed.
- Queries in relation to access to the system can be addressed to Servasport at 048-90313845 or rasunport@servasport.com as Croke Park are unable to assist with such queries.
- Once logged in, please click the Player Injury Fund tab, please check the teams registered and make any adjustments that are required.
- Please also update the secretary and injury find contact information with full address and contact details as this is the information that Willis Towers Watson receive and will be used to contact the club in the event of an Injury Fund claim received.
- Once the details have been updated, please click finish. An invoice will be emailed and again, you are asked to check that the details on it are correct and all teams requiring cover under the Fund are registered
- Please print a copy of the invoice and attach it to a cheque made payable to Cumann Lúthchleas Gael for the total subscriptions outstanding noted on the invoice
- Please send the invoice and cheque to Injury Fund Section, Páirc and Chrúcaigh, Baile Atha Cliath 3.
- Payment must be received in full on or before March 1st 2018
- Once payment is received, it will be marked off on GMS and a receipt will be issued.
- Should the club \ county wish to add any additional teams as the year goes on, please log on to <https://people.gaa.ie> and register the additional teams and send the requested payment to Cumann Lúthchleas Gael. Cover for additional teams will not be confirmed until payment is received in full by CLG



Important Notes

No claim will be processed by Willis Towers Watson for the current playing year until renewal is fully completed, payment has been received in full and a receipt issued. GAA Injury Benefit Fund claims received by Willis Towers Watson with a date of injury between January 1 and March 1 2018 will be declined for assessment if payment in full has not been received and a receipt issued by March 1st 2018. All claims will be returned and no appeals considered.

Where renewal confirmation and / or payment is sent to Croke Park after March 1, GAA Injury Benefit Fund cover will commence from the date the receipt of payment is issued and no appeals will be considered. If your affiliated unit is entitled to a discount and payment has not been received in full on or before March 1, the discount entitlement will be removed and your unit will receive an invoice confirming same.



Benefits - Benefits \ Conditions may be altered from time to time at the discretion of CLG

- 1) Medical – Otherwise unrecoverable inpatient* and outpatient* medical expenses are covered up to a maximum of €4,500.00 (This benefit includes cover for MRI scans up to a limit of €300.00 per scan and post-operative physiotherapy \ treatments up to a limit of €320.00)

For the purposes of assessing claims under the GAA Injury Benefit Fund, medical expenses* are defined as doctors' fees, consultation fees, surgery fees, prescription charges, injection fees, MRI scans, and post-operative treatments. The first €100.00 of each and every claim is excluded

Please note that unrecoverable medical expenses will only covered up to two years after the injury date. For example, if the injury date is the 01/02/2018, unrecoverable medical expenses associated with the injury sustained on that date will only be covered up to the 31/01/2020

Only medical treatment undertaken in the island of Ireland will be eligible for reimbursement under the terms of the Fund.

There is no cover for pre-operative physiotherapy \ treatments or treatments of a pre-injury prevention \ post-injury prevention nature. The only physiotherapy \ treatments that maybe claimed are for treatments that are post-operative i.e. physiotherapy \ treatment that takes place after a surgical procedure. In the absence of surgery, there is no cover for physiotherapy \ associated treatments.

For the purposes of the fund, surgery* is defined as treatment administered by a surgeon by the act of incision on an anaesthetised patient (whether conscious or unconscious) to investigate and \ or treat a condition to help improve bodily function that has been damaged or injured as a result of GAA playing activity. This does not include treatments using a local anaesthetic for injections or manipulation used in treating dislocations. Pre-injury prevention \ Post injury prevention treatments are specifically excluded from cover.

If you have cover under the Public Health System \ National Health Service, you must avail of cover under the appropriate system before seeking to submit a claim under the GAA Injury Benefit Fund.

If you have private medical insurance e.g. VHI, Laya Health Care, Irish Life Health etc. or cover under any Personal Accident policy, a claim must be made with your private medical \ personal accident provider for both inpatient* and outpatient medical expenses*. Therefore, you must submit all of your original medical receipts to your private medical insurer \ personal accident provider. Once you submit your original medical receipts, your private third party medical insurer will assess your claim and provide you with an inpatient* \ outpatient* statement of account* clearly stating the benefits that they have covered or not covered. A copy of this statement of account* must be submitted under the GAA Injury Benefit Fund.



2) Dental Benefit – otherwise unrecoverable dental expenses up to a maximum of €4,500.00. The first €100.00 of each and every claim is excluded.

Please note that unrecoverable dental expenses will only covered up to two years after the injury date. For example, if the injury date is the 01/07/2018, unrecoverable dental expenses associated with the injury sustained on that date will only be covered up to the 31/01/2020

Only dental treatment undertaken in the island of Ireland will be eligible for reimbursement under the terms of the Fund.

3) Supplementary Hospital Benefit – A claimant can claim for a stay in hospital* provided they are an in-patient for a minimum of 10 consecutive days and they can claim for a maximum of 15 days. €400.00 per day is claimable.

4) Loss of wages (applicable (a) to adults and (b) to youths who are in full time employment at the date of injury)

Employment* means permanent gainful employment of not less than 16 hours a week. Otherwise unrecoverable loss of basic net wages* (i.e. excluding overtime, bonuses, unsociable working hours, commission, allowances etc.) payable up to 26 weeks but excluding the first week. Social Welfare \ Income Protection and / or other entitlements will be considered as recoverable income and will be deducted from the basic net wage* figure. Benefit is payable for full weeks only and the maximum benefit payable per week is as follows:

Weeks 1 - No Benefit
Weeks 2 - 26 - Up to €300.00 per week

As part of the assessment of the loss of wages claim, a claimant will be requested to go for an Independent Medical Examination once the claimant has received 8 weeks loss of wages benefit. Details of the appointment for the Independent Medical Examination will be communicated in writing by Willis Towers Watson to the club Injury Fund contact to give to the claimant. No further loss of wages payments will be considered beyond 8 weeks until Willis Towers Watson receive the report from the Independent Medical Examiner.

From time to time Willis Towers Watson may use their discretion in not sending a claimant for an Independent Medical Examination depending on the nature of the injury sustained. A request for a medical report from the claimant's GP \ consultant may also be requested as part of the assessment of the loss of wages claim.

5) Capital Benefits

Cover is available under the GAA Injury Benefit Fund for Capital benefits. Claims will only be considered for such cases when any of the benefits listed above from 1 – 4 have been claimed for and paid out by Willis Towers Watson as per the terms of the Fund. Applications for Capital Benefits can be made by writing directly to GAA Injury Fund Manager, Páirc an Chrócaigh, Baile Atha Cliath 3.



What is the Preferred Medical Provider Initiative?

Through the operation of the GAA Injury Benefit Fund which costs Cumann Lúthchleas Gael €9,000,000 to fund per year, medical expenses make up over 70% of the claims payments issued. Given this significant cost, Cumann Lúthchleas Gael approached hospitals and clinics countrywide with a view to agreeing preferred prices for our registered members who present at these hospitals \ clinics following an accidental bodily injury sustained while playing in an official competitive fixture \ sanctioned challenge match or taking part in an official supervised training session on a team registered under the Fund and for which full payment of registration fees has been received in Croke Park. Furthermore, Cumann Lúthchleas Gael have also obtained service commitments from the Preferred Medical Providers which will help in delivering quality healthcare to our registered members and enhance our commitment to Player Medical Welfare.

Who are the Preferred Medical Providers?

The following are the list of Preferred Medical Providers who have agreed to work with us on this initiative. It is our intention to build working relationships with the listed providers in the long-term which we hope will provide further benefits to our registered members.

Preferred Medical Provider	Telephone Number	Website
Ait Eoin Hospital	056 775275	www.aiteoinhospital.ie
Beacon Hospital	01 2936600	www.beaconhospital.ie
Blackrock Clinic	01 2832222	www.blackrock-clinic.ie
Bon Secours Hospital Group	021 45 42807	www.bonsecours.ie
Cappagh National Orthopaedic Hospital	01 8140400	www.cappagh.ie
Herritage Medical Clinic	01 645 9000	www.herritageclinic.ie
Kingsbridge Private Hospital	0845 50 06 352	www.3irelvo.com
Mater Private Group	01 8858888	www.materprivate.ie
North West Independent Hospital	028 777 53090	www.nwih.co.uk
Sports Surgery Clinic	01 5262000	www.sportsurgeryclinic.com
St. Francis Private Hospital	044 9385300	www.stfrancisprivatehospital.com
Lister Independent Clinic	028 9056 1212	www.listerindependentclinic.com
Whitefield Clinic	051 337400	www.whitefieldclinic.ie

How will an Injured player avail of the Preferred Pricing?

Once a player presents at one of the above named medical facilities, the player will be requested to confirm their Club or County Panel together with their membership number which the hospital will record. Checks will be made with Croke Park to confirm that the Player's seeking to avail of the Preferred Pricing arrangements are registered members of the Association.



Do I have to attend a Preferred Medical Provider to avail of benefit under the GAA Injury Benefit Fund?

No, a player is not required to attend one of the Preferred Medical Providers listed to avail of benefit under the GAA Injury Benefit Fund. A player can continue to attend medical facilities not noted. However, as above preferred prices have been agreed with the listed Medical facilities only.

Will Croke Park be publishing the prices agreed with the Preferred Medical Providers?

No, due to privacy and commercial sensitivity, we are unable to publish the prices agreed with the Preferred Medical Providers. However, we can confirm that the agreed prices reflect a 5 - 10% saving against prices charged to players' prior to the introduction of this initiative. Players and club officers can contact the relevant medical providers as regards obtaining the agreed price for a surgery that a player may require.

Is the Medical Expenses benefit available under the GAA Injury Benefit Fund changing as a result of this initiative?

No, €4,500 is the maximum amount available for unrecoverable medical expenses as per the terms of the Fund.

Important Note

We would also remind all that the playing of Gaelic Football, Hurling, Handball and Rounders' involves the risk of injury, and it is each individual registered player's responsibility to familiarise themselves with the terms and benefits of the GAA Injury Benefit Fund. Each player needs to ensure that they have adequate cover in place to meet their own individual needs and personal circumstances. The GAA Injury Benefit Fund is only in place to cover benefits which cannot be claimed elsewhere and is a benefit cover only. Members should not use the fund as their only recourse or be dependent on the fund to compensate them fully for any losses associated with the injury sustained.



Exclusions and Limitations

- 1) Claims reported more than 60 days after the Injury date.
- 2) If a claimant is not registered on the GAA Management System as a registered member at the date of his injury
- 3) Medical or dental treatment undertaken outside the Island of Ireland
- 4) Medical or dental expenses incurred two years after the date of injury
- 5) Claims not reported using the mandatory On-line application
- 6) If a club fails to register their teams under the GAA Benefit Fund by the March 1st 2018 and pay the appropriate subscriptions, no claims will be considered for that club for the corresponding year.
- 7) Benefit is not payable to a member whose injury arises from:
 - a. Assault wherein the claimant has been the aggressor
 - b. Intentional self-injury
 - c. Pre-existing physical \ medical condition or infirmity
 - d. The use of alcohol or drugs
- 8) Damage to or loss of personal effects, accommodation, travel expenses and sustenance.
- 9) Legal expenses.
- 10) Cost of completion of the medical section of the claim form.
- 11) If a claimant sustains an injury while participating in Hurling and he \ she is not wearing a helmet with a facial guard that meets the standards set out in JS355 or other replacement standard as determined by the National Safety Authority of Ireland (NSAI) as per the Official Guide, the claim will be declined.
- 12) If a claimant sustains an injury while participating in Gaelic Football and he \ she is not wearing a mouthguard as per the Official Guide, the claim will be declined.
- 13) Sick certificates \ Medical certificates are not acceptable for confirmation of period of disability.
- 14) Non-medical expense items such as gym equipment, gym memberships, orthotics, mouth guards etc.
- 15) Pre-operative physiotherapy and other associated treatments.
- 16) Pre-injury prevention and Post Injury prevention treatments are specifically excluded from cover
- 17) Post-operative physiotherapy and other associated treatments which have not been medically prescribed by a GP \ Consultant.
- 18) Post-operative physiotherapy and other associated treatments that are greater than the limit of €320.00.
- 19) Cosmetic and elective procedures.
- 20) If a claimant goes against medical advice given by a doctor \ consultant \ dentist and subsequently is involved in playing activity and sustains an injury
- 21) If a claimant sustains an injury while playing on snow, ice or a pitch that was deemed unfit to play
- 22) Loss of wages claims – overtime, commission, bonuses, unsociable working hours, allowances etc. are not covered.
- 23) If a player returns to sport, it effectively ends their existing claim. Therefore, If a player returns to play after an injury and he is re-injured a new claim must be submitted. In other words, a new claim must be submitted for each and every injury that occurs. Failure to do so may result in the non-payment of benefits.
- 24) Medical and dental expenses that are greater than the €4500.00 fund limit.



- 25) Medical and dental expenses that are less than the €100.00 excess.*
 - 26) Medical and dental receipts that pre-date the date of injury.
 - 27) Hospitalisation claims whereby the claimant is hospitalised for less than 10 consecutive days.
 - 28) Loss of wages claims whereby the claimant is unable to work for less than 14 consecutive days.
 - 29) Loss of wages claims whereby the claimant is not in full time employment at the date of injury.
 - 30) Loss of wages claims whereby the claimant is unemployed at the date of injury.
 - 31) Loss of wages claims whereby the claimant is in receipt of sick pay for the duration of the period unfit to work.
 - 32) Loss of wages claims whereby the duration of the period of unfitness to work has not been medically certified by a GP \ Consultant.
 - 33) Loss of wages claims in excess of the Benefit Fund limit of 26 weeks less the 1st week excess
 - 34) If a third party medical provider pays out a medical \ dental expenses claim in respect of the claimant, the third party medical provider may not seek reimbursement from the GAA Injury Benefit Fund.
 - 35) Injuries sustained at unauthorised \ unofficial competitions, charity events, recreational activities and fundraisers
 - 36) If it is discovered during the assessment of the claim, that the claimant \ club have sought to make a fraudulent claim under the GAA Injury Benefit Fund, the claim will be declined in its entirety.
 - 37) If a social member \ non-playing or non-coaching member sustains an injury on the club premises, there is no cover for that injury within the terms of the GAA Injury Benefit Fund.
 - 38) Injuries sustained to members \ non-members performing designated duties within the club
- Claims Information – General**
- 1) Willis Towers Watson have been retained as professional claims handlers and have responsibility for the day to day handling of the claims received under the Fund.
 - 2) In accordance with instructions from Cunnann Lethchleas Gael all queries and correspondence relating to any claim must be made through the Club Secretary (and County Secretary \ Injury Fund contact as appropriate) and not directly with Willis Towers Watson.
 - 3) If a player returns to play after an injury and he is re-injured a new claim must be reported. In other words, a new claim must be submitted for each and every injury that occurs. Failure to do so may result in the non-payment of benefits.
 - 4) All payments in respect of claims will be made by Willis Towers Watson through the appropriate County Committee by electronic transfer.
 - 5) Once the payments are issued by Willis Towers Watson, it is up to the County to issue the payment to the club as per their procedures. No payments are issued directly by Willis Towers Watson to claimants.
 - 6) Under no circumstances will Willis Towers Watson accept requests for cheque payments to be issued.
 - 7) If a submitted claim is not fully documented, the necessary documents will be requested by Willis Towers Watson.



Submitting a claim – On-Line Guidelines – Mandatory Reporting

- All GAA injury claims must be registered on-line at <https://area.willis.ie>
- Each and every club \ county secretary must register for the On-Line application
- Once you register on the system for the 1st time, you will need to create a password
- Click Add New claim and enter details in all of the required fields.
- All claims are required to be reported to Willis Towers Watson within 60 days of the injury by entering all of the required details and hitting the update claim button.
- You will receive confirmation of a web reference number and this number should be noted on all documents that are forwarded to Willis Towers Watson
- Once you submit the claim on-line, the claim will be submitted to Willis Towers Watson for acknowledgement.
- Once the submitted claim is reviewed by Willis Towers Watson, Willis Towers Watson will acknowledge the claim and it will be forwarded on-line to the relevant County Board for approval
- Once the County Board approves the claim, the status of the claim will change to Documents required and you will receive a notification detailing the relevant claims documents that need to be submitted to assess the claim.
- You will be able to download the relevant sections of the claim form that need to be submitted.

Claims Sections Required – On-Line claims notification

- A Medical Claim – On-line notification, medical section, declaration section
- A Loss of Wages Claim (Employed) – On-line notification, employers sections, social welfare \ social security section, medical section and declaration section.
- A Loss of Wages Claim (Self Employed) – On-line notification, self-employed section, social welfare \ social \ security section, medical section and declaration section.

General Documentation \ Information

- A Referee's Report is required and must be supplied if an injury occurred during an Official Fixture. If an injury is not noted on the referee's report we will require a copy of the referee's report along with a letter from the County Secretary confirming the date and circumstances of the injury.
- A Club Letter is required on official club headed paper and must be supplied if an injury occurred during an Official Supervised Training Session / official sanctioned challenge match. The club letter must detail the date and circumstances surrounding the injury.
- Medical Section to be completed by Doctor / Dentist ONLY. If no stamp is available, please ensure that the Doctor / Dentist attach a letter on official paper confirming that the details are correct.
- Loss of Wages – Self-Employed section must be completed by the claimant* only
- Loss of wages – Employer's section – must be completed by the claimant's employer only. If no company stamp is available, please ensure that the employer attaches a letter on company headed paper confirming that the details are correct.



- Lots of Wages – Social Welfare \ Social Security – must be completed by the Department of Social Protection for all Republic of Ireland claimants. For Northern Ireland claimants, this section must be completed by the claimant's employer in the case of where the claimant* is an employee. If the claimant* is Self-Employed, this section must be completed by the Department of Social Security.

- Claimant's Membership Number must be supplied within Section F. The claimant* must sign the claimant's declaration and the Club Secretary \ designated Benefit Fund Officer must sign his \ her declaration. All claims must be signed by the County Secretary.

Additional documentation required \ information depending on claim type

Medical \ Dental Claims

- When registering a claim on-line, confirmation whether the injured member has any third party medical insurance must be completed to enable the claim to be assessed as the benefit fund only provides cover for non-recoverable costs up to the limits of the fund.
- Original official medical or dental receipts (invoices are not acceptable) must be submitted - copies of medical or dental receipts will only be acceptable whereby a claimant has made a claim with his or her third party medical insurance provider and the original receipts have been provided to the private medical insurer. If we receive in original official medical or dental receipts and a claimant has third party private medical insurance, the original medical or receipts will be returned to enable the claimant to make a claim with their third party private medical insurer.
- Unpaid invoices, estimates, quotations or handwritten paid invoices are not acceptable.
- If you have cover under the Public Health System \ National Health Service, you must avail of cover under the appropriate system before seeking to submit a claim under the GAA Injury Benefit Fund.
- If you have private medical insurance e.g. VHI, Laya Health Care, Irish Life Health etc. or cover under any Personal Accident policy, a claim must be made with your private medical \ personal accident provider for both inpatient* and outpatient* medical expenses. Therefore, you must submit all of your original medical receipts to your private medical insurer \ personal accident provider. Once you submit your original medical receipts, your private third party medical insurer will assess your claim and provide you with an inpatient* \ outpatient* statement of account* clearly stating the benefits that they have covered or not covered. A copy of this statement of account* must be submitted under the GAA Injury Benefit Fund.
- If the third party private medical insurer declines a claim, Willis Towers Watson must be provided with the letter detailing the reasons for the decline. It is not acceptable for Willis Towers Watson to receive in a letter stating that no claim has been made with the third party private medical insurer.



- Post-operative treatment cover will only be considered whereby a claimant has undergone surgery which can be defined as treatment administered by a surgeon by the act of incision on an anaesthetised patient (whether conscious or unconscious) to investigate and \ or treat a condition to help improve bodily function that has been damaged or injured as a result of GAA playing activity. This does not include treatments using a local anaesthetic for injections or manipulation used in treating dislocations.

- If it is noted on the claim notification that the claimant has no third party private medical insurance and it is subsequently established that the claimant has cover, Willis Towers Watson will request in writing a full explanation as to why the incorrect details were advised and will instruct the claimant to make a claim with the third party private medical provider. Willis Towers Watson will refer such cases to Cumann Lúthchleas Gael for further investigation.

Loss of Wages Claims

- **Employee – Willis Towers Watson must receive the following in addition to the claim form sections**
 - 3 official pay slips dated prior to the date of injury or a letter from the injured member's employer on official company headed paper confirming the injured member's basic net weekly wage.
 - A letter from the employer's accountant if no company stamp available in employer section or if there appears to be a family connection (Employee/Employer).

Self-Employed – Willis Towers Watson must receive the following in addition to the claim form sections

- Accountant's letter confirming the average net weekly earnings for the 3 months prior to the injury should be submitted.
- If the claimant* has no accountant, a letter from the claimant's Solicitor / Tax Advisor must be submitted.

General Information

- Loss of Wages claims are only applicable to those who are in full time employment* at the date of injury. Employment means permanent gainful employment of not less than 16 hours a week.
- The claimant must be unable to work for a minimum of 14 consecutive days.
- Items such as overtime, bonuses, unsociable working hours, allowances etc. are not covered. If the claimant is receiving full sick pay from his employer, a loss of wages claim cannot be considered as the fund only covers the loss of basic net weekly wage*.



- A claim for Social Welfare Benefit / Statutory Sick Pay / Social Security Agency Payment must be made in all cases for employees and self-employed claimants*, it is not acceptable to state no claim made. The Social Welfare, Statutory Sick Pay \ Social Security Agency Section of the claim form must be completed for all loss of wages claims. Failure to have same completed will result in delays with the assessment of the claim.
- Sick Certificates/Medical Certificates are not acceptable for confirmation of the period of disability.
- Please note that loss of wages payments can only be issued up the date that the doctor has completed and signed the medical section on the condition that there is a minimum of 14 days from the date of injury until the date on which the doctor signed the medical section.
- In the event that Willis Towers Watson issue payment for a loss of wages claim, Willis Towers Watson will issue a loss of wages continuation claim form which must be completed in full and returned to Willis Towers Watson
- If Willis Towers Watson have received a loss of wages continuation claim form, loss of wages payments will be only issued up until the date that the claimant* has returned to work or if a claimant remains unfit to work, payments will be only issued up until the date that the doctor has signed the medical section of the continuation claim form.
- As part of the assessment of the loss of wages claim, a claimant will be requested to go for an Independent Medical Examination once the claimant has received 8 weeks loss of wages benefit. Details of the appointment for the Independent Medical Examination will be communicated in writing by Willis Towers Watson to the club Injury Fund contact to give to the claimant. No further loss of wages payments will be considered beyond 8 weeks until Willis Towers Watson receive the report from the Independent Medical Examiner.
- From time to time Willis Towers Watson may use their discretion in not sending a claimant for an Independent Medical Examination depending on the nature of the injury sustained. A request for a medical report from the claimant's GP \ consultant may also be requested as part of the assessment of the loss of wages claim.

Hospitalisation

- If a claimant seeks to claim hospitalisation benefit, the on-line notification \ Section A general section of the claim form, medical section and declaration section should be submitted together with a letter from the attending doctor / consultant to confirm the date that the claimant was admitted into hospital* and the date that the claimant was discharged from the hospital. This letter must be on official headed paper, signed and stamped accordingly. Please note that under the terms of the GAA Injury Benefit Fund, in order to claim hospitalisation benefit, a claimant must be hospitalised for a minimum of 10 consecutive days before benefit can be considered.



Complaints Procedure

- If a Claimant* \ Designated Club Benefit Fund Officer is dissatisfied with the handling of a claim, the claimant* \ Designated Club Benefit Fund Officer must firstly write to Willis Towers Watson setting out in detail their complaint.
- Willis Towers Watson maybe contacted as follows:
 GAA Injury Benefit Fund
 Willis Towers Watson
 Elm Park
 Merrion Road
 Dublin 4
 Or by emailing gaa.queries@willistowerswatson.com
- Upon receipt of the complaint, Willis Towers Watson will fully investigate same and issue a response in writing to the Designated Club Benefit Fund Officer.
- If the Claimant* \ Designated Club Benefit Fund Officer remain dissatisfied with the response, the Claimant* \ Designated Club Benefit Fund Officer must forward their complaint to the appropriate County Secretary for investigation.
- The appropriate County Secretary shall investigate the complaint in full and contact the Claimant* \ Designated Club Benefit Fund Officer with their response.
- If the appropriate County Secretary decides that the complaint should warrant further investigation, the appropriate County Secretary together with the Claimant* \ Designated Club Benefit Fund Officer must refer the complaint in writing to the following:
 GAA Risk & Insurance Committee
 C/O GAA Injury Fund Manager,
 Páirc an Chrícaigh
 Baile Atha Cliath 3
- The GAA Risk & Insurance Committee are appointed by Uachtarán EUG and ratified by Central Council. The GAA Risk & Insurance Committee shall investigate the case in full and make a decision accordingly. The decision of the GAA Risk & Insurance Committee is final.
- It is important to note that if a claimant* seeks the services of a solicitor to deal with his \ her complaint, there is strictly no legal expenses cover under the GAA Injury Benefit Fund.



Fraudulent Claims

If any Claimant \ Designated Club Benefit Fund Officer makes or tries to make a dishonest claim under the GAA Injury Benefit Fund, Cumann Lúthchleas Gael have the right to:

- Cancel the Claimant's membership of Cumann Lúthchleas Gael
- Cancel the Club's cover under the GAA Injury Benefit Fund and refuse to repay any subscriptions received
- Refuse to pay any benefits for the Claimant*.
- Request that the Claimant* \ Designated Club Benefit Fund Officer reimburses the GAA Injury Benefit Fund for payments issued that the Claimant* \ Club is not entitled to.
- Impose appropriate punishments and sanctions as decided upon by the GAA Risk & Insurance Committee

All claimants \ Designated Club Benefit Fund Officers should be aware that Willis Towers Watson undertakes regular audits of claims received and in all instances where fraud is suspected in respect of a particular claim, a full and comprehensive investigation will be carried out and reported to the GAA Risk & Insurance Committee. In addition, Cumann Lúthchleas Gael reserves the right to refer the details of any claim submitted which is in any respect fraudulent to the appropriate authorities in order to prosecute the member.

Examples of fraudulent claims discovered but not limited to:

- Declaring that a claimant* has no third party private medical insurance and it is subsequently discovered that the claimant has cover
- Seeking to claim loss of wages benefit although the claimant* is fit to work

Contact Information:

GAA Injury Benefit Fund
Willis Towers Watson
Elm Park
Merrion Road
Dublin 4

Email: gaea.guelas@willistowerswatson.com

Telephone: 01 6396343

GAA Risk and Insurance Committee
C/O GAA Injury Fund Manager
Patrick Chircodagh
Baile Atha Cliath 3

Telephone: 01 8363222



GLOSSARY

Accidental bodily injury

Identifiable physical injury to a claimant's body which is caused directly and solely by an accident is not intentionally self-inflicted and does not result from sickness or disease.

Accident

A sudden, unexpected and specific event external to the body which occurs at an identifiable time and place.

Adult Member

An Adult is a registered and paid member of the GAA as per the official guide who is 18 years of age or over on the 1st January of the calendar year

Youth Member

A Youth is a registered and paid member of the GAA as per the official guide who is under 18 years of age on the 1st January of the calendar year.

Claimant

Shall mean one of the following:

- 1.1 Registered Players on a team registered with the GAA Injury Benefit Fund who incurs accidental bodily injury while playing Hurling, Gaelic Football, Handball or Rounders' only, either in the course of an official competitive fixture or an official sanctioned challenge game or in the course of an official and supervised training session.
- 1.2 Match officials' i.e. referees, linesmen or umpires injured while officiating at an official fixture of Hurling, Handball, Gaelic Football or Rounders' as specified in 1.1 above.
- 1.3 Voluntary coaches, team managers, selectors and members of official team parties injured during games or training as specified in 1.1 above

In-patient Medical \ Dental Expenses

Shall mean expenses for medically necessary treatment which involves in-patient treatment, day care or side room procedures in hospital. Examples of such expenses include hospital accommodation expenses, surgical fees and anaesthetist fees.

Out-patient Medical \ Dental Expenses

Shall mean expenses for medically necessary treatment which does not involve in-patient treatment, day care or side room procedures in hospital. Examples of such expenses include doctor's fees, out-patient consultations and post-physiotherapy treatments.

Statement of Account

A document supplied by your private medical insurer outlining the medical receipts which they have received, the amount they have contributed and any shortfall. A letter from your private medical insurer stating no claims have been made will not be accepted.



An in-patient statement of account

Relates to a claim made for i.e. surgery or overnight stay in hospital. This is usually dealt directly between the private health insurer and the hospital. The private medical insurer will provide a statement detailing the claim and a copy of this must be provided when requested.

An out-patient statement of account

Relates to any out-patient treatment received i.e. G.P visits, Consultant visits, MRI Scans, post-op physiotherapy etc. The claimant must make this claim directly through their provider by submitting all original medical receipts. The private medical insurer will provide a statement detailing the claim and a copy of this must be provided when requested.

Medical Expenses

Defined as doctor's fees, consultation fees, surgery fees, prescription charges, injection fees, MRI Scans and post-operative treatments.

Surgery

Defined as treatment administered by a surgeon by the act of incision on an anaesthetised patient (whether conscious or unconscious) to investigate and / or treat a condition to help improve bodily function that has been damaged or injured as a result of GAA playing activity. This does not include treatments using a local anaesthetic for injections or manipulation used in treating dislocations.

Excess

Shall mean the first amount of a claim expressed as a monetary amount which the claimant must bear.

Hospital

Shall mean any establishment which is registered or licensed as a medical or surgical hospital in the country in which it is located and where the claimant is under the constant supervision of a qualified medical practitioner.

Employment

Shall mean permanent gainful employment of not less than 16 hours a week at the date of the injury.

Basic Nett Wages

Shall mean in the case of a claimant who is an employee, basic net wages excluding overtime, bonuses, social working hours payments, commission or other allowances.

Shall mean in the case of a claimant who is self-employed, the net income of the business carried on by them as evidenced by the accounts of the previous financial year and / or such other evidence as may be reasonably requested as verification.