



**GAA INJURY BENEFIT FUND
SUMMARY DOCUMENT**

Updated 12th November 2015



GAA Injury Benefit Fund



GAA INJURY BENEFIT FUND

Summary

The GAA has operated an Injury fund in one way or another since 1929. Through a process of constant review and frequent improvement, the Association continues to exercise concern for the welfare of 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.

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 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.

Scope

The GAA Injury Benefit Fund applies to:

- 1.1 Players 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 game or a 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 game 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 and also players registered with the fund through Primary, Post-Primary and Third level Schools and Colleges and Inter-Firm Units. If a member is covered under a School \ Colleges Personal Accident policy, a claim must be made under that policy before a claim can be considered under the GAA Injury Benefit Fund.

* Please see Glossary for definition



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

An Adult* is a registered and paid member of the GAA 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 who is under 18 years of age on the 1st January of the calendar year.

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 Camógaíochta and ensure that cover is in place with the appropriate Association to cover their specific needs. Willis can provide details of a Camógie Personal Accident policy if required. Social Members, non-playing and non-coaching members are not covered under the GAA Benefit Fund for injuries sustained during GAA activities.

Registration

Cover under the GAA Injury Benefit Fund operates from 1st January to 31st December annually. All 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 31st March of the calendar year. Individual county boards may set earlier registration dates as required.

Team registration is completed annually via the GAA On-line Management System (Servasport). To complete registration, a club logs into the system and selects the Injury Benefit Fund tab and follows the steps to update the club contact details and team information. When registration is complete, an email invoice noting the amount owed in team subscriptions will be issued from the system to the club's official email address. Payment of team subscriptions are payable to Cumann Lúthchleas Gael and must be forwarded in full to the GAA Injury Benefit Fund unit in Páirc and Chrócaigh, Baile Atha Cliath 3.

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 gaasupport@servasport.com

Refunds of subscriptions cannot be considered. Please note that if a registered member submits a claim under the GAA Injury Benefit Fund within the three month payment period ending on March 31st annually and the member's club are not registered with the fund and paid by this date, the claim will not be honoured. 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.

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 - €450.00 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) Inter-Firm - €200.00 per team
- e) Primary Schools - €200.00 per team to a maximum of €300.00 per school
- f) Post Primary Schools - €200.00 per team to a maximum of €300.00 per school
- g) Third Level Colleges - €200.00 per team to a maximum of €600.00 per college
- h) Rounders – Adult €100.00 per team – Youth - €50.00 per team
- i) Handball – as per agreement



Participation in the Injury Benefit fund is not mandatory for categories e) to g) inclusive. 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.

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

1) **Lifetime Disability Benefit*** - €300,000 – a single identifiable occurrence on the field of play resulting in permanent total physical paralysis such that the Insured Person is confined to a wheelchair for life

2) **Capital Benefits –**

- a. Permanent Total Disablement* – up to €100,000
- b. Loss of Sight* – up to €100,000
- c. Permanent partial loss of sight* – up to €100,000
- d. Loss of Limb(s)* - €100,000
- e. Complete and incurable paralysis - €100,000
- f. Permanent Partial Disablement* – up to a maximum of €50,000. Benefit is calculated as per the attached schedule of defined percentages

3) **Death Benefit – Adult or Married Youth** - €50,000 – **Youth** - €25,000

4) **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**

There is no cover for pre-operative physiotherapy \ treatments. 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.

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, Aviva, Glo 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.

5) **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.**



- 6) **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.
- 7) **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 nett wages* (i.e. excluding overtime, bonuses, unsociable working hours, commission, allowances etc.) payable up to 52 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 nett 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 – 4	- Up to €200.00
Weeks 5 – 52	- Up to €400.00

Exclusions and Limitations

- 1) **Claims reported more than 60 days after the Injury date.**
- 2) 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
- 3) Damage to or loss of personal effects, accommodation, travel expenses and sustenance.
- 4) Legal expenses.
- 5) Cost of completion of the medical section of the claim form.
- 6) 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 IS355 or other replacement standard as determined by the National Safety Authority of Ireland (NSAI) as per the Official Guide, the claim will be declined.
- 7) 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.
- 8) Medical and dental expenses incurred outside of the Republic of Ireland, Northern Ireland and Great Britain.
- 9) Sick certificates \ Medical certificates are not acceptable for confirmation of period of disability.
- 10) Non-medical expense items such as gym equipment, gym memberships, orthotics, mouth guards etc.
- 11) Pre- operative physiotherapy and other associated treatments.
- 12) Post-operative physiotherapy and other associated treatments which have not been medically prescribed by a GP \ Consultant.
- 13) Post-operative physiotherapy and other associated treatments that are greater than the limit of €320.00.
- 14) Cosmetic and elective procedures.
- 15) Loss of wages claims – overtime, commission, bonuses, unsociable working hours, allowances etc. are not covered.
- 16) 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 reinjured 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.
- 17) If a club fails to register their teams under the GAA Benefit Fund by the 31st March annually and pay the appropriate subscriptions, no claims will be considered for that club for the corresponding year.
- 18) Medical and dental expenses that are greater than the €4500.00 fund limit.
- 19) Medical and dental expenses that are less than the €100.00 excess*.
- 20) Medical and dental receipts that pre-date the date of injury.



- 21) Hospitalisation claims whereby the claimant is hospitalised for less than 10 consecutive days.
- 22) Loss of wages claims whereby the claimant is unable to work for less than 14 consecutive days.
- 23) Loss of wages claims whereby the claimant is not in full time employment at the date of injury.
- 24) Loss of wages claims whereby the claimant is unemployed at the date of injury.
- 25) Loss of wages claims whereby the claimant is in receipt of sick pay for the duration of the period unfit to work.
- 26) Loss of wages claims whereby the duration of the period of unfitness to work has not been medically certified by a GP \ Consultant.
- 27) Loss of wages claims in excess of the Benefit Fund limits.
- 28) 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.
- 29) Injuries sustained at unauthorised \ unofficial competitions, charity events, recreational activities and fundraisers
- 30) 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.
- 31) 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.

Claims Information - General

- 1) Willis have been retained as professional claims handlers and have responsibility for the day to day operation of the Scheme.
- 2) In accordance with instructions from Cumann Lúthchleas Gael all queries and correspondence relating to any claim must be made through the Club Secretary (and County Secretary \ Scheme administrator as appropriate) and not directly with Willis.
- 3) If a player returns to play after an injury and he is reinjured a new claim form must be submitted. In other words, a new claim form 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 through the appropriate County Committee by electronic transfer.
- 5) Once the payments are issued by Willis, it is up to the County to issue the payment to the club as per their procedures. No payments are issued directly by Willis to claimants.
- 6) Under no circumstances will Willis 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.

Submitting a claim – On-Line Guidelines – preferred method of Submitting a claim

- 1) All GAA Injury claims can be registered on-line at <http://gaa.willis.ie>
- 2) Each and every club secretary has received an email with their unique sign on and password.
- 3) Once you log in to the system for the 1st time, you will need to change the password.
- 4) Click Create New and enter details in all of the required fields.
- 5) All claims are required to be reported to Willis within 60 days of the injury by entering all of the required details and hitting the submit claim button.
- 6) You will receive confirmation of a web reference number and this number should be noted on all documents that are forwarded to Willis.
- 7) Once you submit the claim on-line, the claim will be submitted to Willis for acknowledgement.
- 8) Once the submitted claim is reviewed by Willis, Willis will acknowledge the claim and it will be forwarded on-line to the relevant County Board for approval.
- 9) 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.
- 10) You will be able to download the relevant sections of the claim form that need to be submitted.



Claims Sections Required – On-Line Claims

- 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.

Submitting a claim – Paper claim form Notification

- 1) The most up to date claim form can be downloaded from <http://www.gaa.ie/clubzone/gaa-injury-scheme/>
- 2) This claim form is subject to change and it is the responsibility of the Designated club insurance officer to make sure that the most up to date form is submitted.
- 3) All claims are required to be reported to Willis within 60 days of the injury by completing as a minimum the 1st two pages of the claim form which should be signed and dated by the claimant. Claim notifications may be sent in by post, email or fax.
- 4) In the event that the claimant’s signature and date is omitted, the 1st two pages of the form will be returned for completion.
- 5) Once the claim is registered by Willis, a letter will be issued to the Designated Club Insurance Officer advising the claim number and the documentation that needs to be submitted.

Claims Documentation Required – Paper claims notification

- A Medical Claim – Section A – General section, medical section, declaration section.
- A Loss of Wages Claim (Employed) – Section A – General Section, employers sections, social welfare \ social security section, medical section and declaration section.
- A Loss of Wages Claim (Self Employed) – Section A – General Section, 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 Match. 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 Training Session / 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 – Employers 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.
- Loss 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 or by paper form, 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, Aviva, Glo 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 must be provided with the letter detailing the reasons for the declination. It is not acceptable for Willis 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 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 will refer such cases to Cumann Lúthchleas Gael for further investigation.



Loss of Wages Claims

Employee – Willis must receive the following in addition to the claim form sections

- 3 official payslips 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 nett 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 must receive the following in addition to the claim form sections

- Accountant's letter confirming the average nett 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 nett 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 to 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 issue payment for a loss of wages claim, Willis will issue a loss of wages continuation claim form which must be completed in full and returned to Willis
- If Willis 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.
- During the course of a loss of wages claim, Willis may request a full medical report from the claimant's GP \ Consultant or may request the claimant to attend an Independent Medical Examination as part of the continuous assessment of the 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.

Permanent Disability

- If a claimant* seeks to claim Permanent Disability benefit, the on-line notification \ Section A general section of the claim form, medical section and declaration section should be submitted together with a medical report from the claimant's GP \ Consultant outlining the claimant's disability. Upon review of the information received, Willis may request additional medical information or may instruct the claimant* to attend an Independent Medical Examination. All medical information received will be reviewed by Willis's designated Chief Medical Officer. All such cases will also be referred to Cumann Lúthchleas Gael for review and consideration. Any offers of settlement must be approved by Cumann Lúthchleas Gael before Willis can issue same.

Death Benefit

- The Designated Club Benefit Fund Officer should contact Willis directly should this situation arise.



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 setting out in detail their complaint.
- Willis may be contacted as follows:

GAA Injury Benefit Fund
Willis
Elm Park
Merrion Road
Dublin 4

Or by emailing gaa.queries@willis.ie

- Upon receipt of the complaint, Willis 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 Bainisteoir Roisca agus Arachais,
Ascal San Séosaph,
Baile Atha Cliath 3

- The GAA Risk & Insurance Committee are appointed by Uachtarán CLG 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 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
Elm Park
Merrion Road
Dublin 4

Email: gaa.queries@willis.ie

Telephone: 01 6396343

GAA Risk & Insurance Committee
C\O Bainisteoir Roisca agus Arachais,
Ascal San Séosaph,
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 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 who is under 18 years of age on the 1st January of the calendar year.

Lifetime Disability

Permanent disablement such that the claimant is confined to a wheelchair for life resulting from a single accident.

Permanent Total Disablement

Disablement which totally prevents a claimant from working in their usual occupation and in all probability will continue for the remainder of their life.

Loss of Sight

Shall have deemed to have occurred when the claimant's name has been added to the register of Blind Persons on the authority of a qualified ophthalmic specialist or in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (which means that the claimant is only able to see 3 feet that which they should normally be able to see at 60 feet) and the GAA Injury Benefit Fund is satisfied that this condition is permanent and without expectation of recovery.

Permanent Partial Loss of Sight

Shall mean a diminution of the sight in one or both eyes of the claimant but which does not result in a loss of sight, the severity of which shall be determined by a qualified ophthalmic specialist and expressed as percentage of loss of sight.

Loss of Limb

Shall mean in respect of an arm, the permanent physical severance of the four fingers at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand or permanent total loss of use of an entire hand or arm

Shall mean in respect of a leg, the physical severance or total loss of use above the level of the ankle (talo-tibial joint) or the permanent total loss of use of an entire foot or leg

Permanent Partial Disablement

Shall mean any of the disablements listed under the heading of Permanent Partial Disablement in the Schedule of Benefits.



Claimant

Shall mean one of the following:

- 1.1 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 game or a 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 game 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 licenced 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 time of the injury.

Basic Nett Wages

Shall mean in the case of a claimant who is an **employee**, basic net wages excluding overtime, bonuses, unsocial 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.