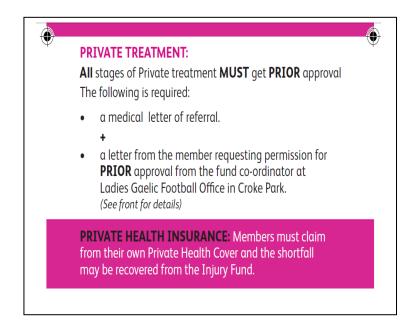
Insurance Claim Procedure

- The following is the link to page to get insurance forms http://ladiesgaelic.ie/club/injury-fund/.
- All details on how to apply is on that page or on the attached pages.
- The forms depend on how much insurance you will be claiming. This is outlined on the attached pages.
- Once the form is signed by player/parent, club secretary (Hannah Clossey 086-1690809) and team manager, the form and receipts must be sent to: Susan Finan, Denbigh, Cluid, Ballymote, Co Sligo. Susan has requested that two signed copies of the form are sent to her. Her contact details: ladiessecretarysligo@gmail.com and 086 0788884 for any assistance.
- All forms need to be in <u>8 weeks after injury</u>. As decided at the AGM all players are responsible for
 printing off and getting their own forms signed however if anyone needs assistance in getting these
 forms printed or signed by the necessary people Annette Henry (087 1348811) will assist in the
 process.
- The main details and procedure are outlined below:



- Injury claim form is submitted when treatment is completed.
- **ONLY** original receipts will be accepted for payment.
- Form must be fully completed and submitted by County Secretary.

This is not an Insurance Scheme, it is an Injury Fund Scheme administered by the Ladies Gaelic Football Association.



Injury Fund

What is the Injury Fund?

The injury fund is an injury scheme and NOT an insurance scheme and does not seek to compensate fully for injury, rather to lessen the hardship to players and officials. The fund should supplement other schemes where applicable, i.e. Vhi, Vivas, Quinn, etc.

Who does the Injury Fund Cover?

The Injury Fund covers those in the fund for injuries sustained in the following:

- a) an official competitive or challenge game
- b) an official and supervised training session

It also applies to Club Officers, Team Mentors and Match Officials (Referees, Umpires and Linespersons)if registered to the injury fund. All players must be registered to the fund.

How is the Injury Fund funded?

- Fund is solely funded by subscriptions
- The subscription to the Fund shall be determined by Central Council.

Present Rates are:

Adult: €25

Under-Age Player: €10 U-10 Player: €5

- An adult player paying €25 will be entitled to be considered for payment of wages or salary lost together with medical expenses.
- An under-age player paying €10/ €5 will be entitled to be considered for payment of medical expenses only

What are the Benefits of the Scheme?

Dental

• Unrecoverable dental expenses up to a maximum of €3000

Medical

- Unrecoverable medical expenses up to a maximum of €5000
- Physiotherapy sessions shall be limited to a maximum of 6 sessions. If subsequent sessions are required a full report must
 be submitted by the registered chartered physiotherapist or physical therapist. Further payment will only be consider on
 receipt of this report. Physiotherapy is required to be carried out by individuals with an appropriate third level
 qualification, who are members of a regulatory professional body in line with their qualifications and who have
 appropriate insurance/ indemnity.
- Travel expenses and any medical aids are not covered under the scheme

Loss of Wages

- Applicable to both adult and under age players who are in employment and who have paid the €25 subscription
- Unrecoverable loss of basic wages are payable for a maximum of 20 weeks. The maximum benefit payable per week amounts to €200
- An under age player in full or part time employment should pay the adult rate as this would allow the player to claim loss of wages

Are there any exclusions from the Injury Fund? The scheme shall not apply in the case of a player/official:

- Who is injured during a game as a result of an assault wherein the claimant has been the aggressor
- Whose injury arises from a pre-existing physical defect or infirmity or from the use of alcohol or drugs
- Who may be pregnant, suffering from concussion etc. Any player who plays in this condition is entirely responsible for any consequences that may arise

In the event of an application made by any member which is not a bona fide application, and which is made for the purposes of obtaining payment to which they are not entitled, the application shall be declared void. Suspensions may arise as a result to all parties involved

What is the Procedure for Making a Claim? A Co-ordinator, based in Head Office, (Rosemarie Coyle) is employed to co-ordinate the day to day running of the fund on behalf of Central Council.

- The National Treasurer of the Association will liaise with the Co-ordinator on a regular basis
- All submissions of claims must be made within two months of the date of injury to Head Office
- Where a claim cannot be made within the two month period, or the claim may exceed €200 a Preliminary Notification
 Form (1-page form)should be completed and forwarded to Head Office Download Prelim Form
- All forms are available from Clubs, County Boards or Head Office.
- Claim forms should be signed by the injured player and counter signed by the Club Secretary as a declaration of
 authenticity. This is then forwarded to the County Secretary and signed as a declaration that s/he has been officially
 notified of the injury Download Full Claim Form

What Documentation needs to be forwarded with the Claim?

The claim documentation must incorporate:

- Loss of Wages Claims: Employer's Certification stating the basic loss of earnings along with the last four payslips
- The official in charge of the team must sign the claim
- A letter from the appropriate Secretary as to whether permission had been granted for a challenge match should the injury have occurred during this match
- Original receipts must be forwarded. No photocopies will be accepted
- If the applicant has suffered from a previous injury and has already received payment from the Injury Fund, the reference number from that claim should be included on the claim form

What is the Procedure if a Player requires Private Treatment?

Private treatment is defined as any treatment that is paid outside of the public health treatment system

Any request for private treatment must be supported by documentation from a Medical Practitioner to show reasons why private treatment is necessary

Private Treatment involves a step by step procedure

- Permission to see a Consultant send Doctors letter to Head Office
- Permission for a MRI scan send consultant letter to Head Office
- Permission for surgery send results of MRI and consultant letter to Head Office
 - If a submitted claim is not fully documented, the necessary documents may be requested by the Co-ordinator, or declared void
 - All payments are made directly to the applicant
 - Where claims are late being received by Central Council, and if the delay is due to the Club or County Board, then the Club or County Board can be held responsible for the payment of the claim

What are the Main Guidelines for Players?

- Report any suspected injury
- When completing the Application Form, print your name, address and club clearly under Section 1
- Ensure permission is sought for private treatment
- A copy of all forms, receipts, letters, etc sent should be kept and any correspondence received should also be kept
- Where a preliminary claim has been submitted, a report and update on the claim must be submitted within one year from the date of the preliminary notice to validate the claim
- All claims for which preliminary notices have been received must be lodged and validated within two years of the original preliminary notice except in exceptional circumstances
- Injury claims will be monitored on a claim by claim basis and a player who plays while receiving treatment may have her claim disallowed

What are the Key Guidelines for Officials?

- Ensure all details on form are completed and in order prior to forwarding claim
- Ensure forms are forwarded on time
- Ensure a plentiful supply of all forms are available and accessible for all players
- Establish a register of claims for your own records