

Guidelines for the GAA Injury Scheme 2010

General

- Please use 2010 claim form only. This is downloadable from www.gaa.ie please destroy any old stock of claim forms / Preliminary notification forms.
- The GAA Injury Scheme leaflet should be referred to at all times for details of the **benefits** and **scope** of cover.
- In all cases, the Claimant must sign Section A continued where specified. It is not acceptable for the Club Secretary / Insurance Officer to sign this on behalf of the claimant.
- Claimant's Membership Number must be supplied within Section F.
- Cost for Completion of Medical Section must be borne by the Claimant.
- Section E to be completed by Doctor / Dentist **ONLY**. If no stamp available, please ensure that the Doctor / Dentist attaches a business card or a letter on headed paper stating that no stamp, business card is available
- If a Claimant returns to sport and suffers a re-occurrence, this is considered to be a new and separate injury/claim.
- In relation to hurling injuries helmets must conform to the NSAI standard IS: 355 and must be specified in Section A. (Mycro, Marc and Azzurri).
- All claims must be reported to Willis within 60 days of the Injury occurring. Notification can be faxed, emailed or posted.
- A Medical Claim – Please complete Section A, E and F.
- A Loss of Wages (Employed) – Section A, C, D, E and F.
- A Loss of Wages (Self Employed) – Section A, B, D, E and F.
- A Referee's Report is required and must be supplied if an Injury occurred during an Official Match.
- A Club Letter is required and must be supplied if an Injury occurred during an Official Training Session / Challenge Match or performing Designated Duties under request.
- In all cases the **EXACT** date of injury must be specified in Section A e.g: dd/mm/yy.

Medical/ Dental

- Third Party Medical Insurance Details must be provided on all claim's e.g. VHI First Plan Plus
- If a claimant has Third Party Medical Insurance, a statement of account from the Provider must be submitted.
- An inpatient (Surgery) / outpatient (MRI scans, Consultation's) claim must be made with the claimant's Third Party Medical Insurance Provider. It is not acceptable to state no claim made.
- Official receipts only. Unpaid Invoices, estimates, quotations or handwritten paid invoices are not acceptable.
- Damage to or loss of Personal Effects, Accommodation, Travel Expenses and Sustenance are not covered.

Loss of Wages

- Loss of Wages claims are only applicable to those who are in full time employment at the date of injury.
- The claimant must be unable to work for a minimum of 14 consecutive days.
- If the claimant is receiving full sick pay from his employer, we will not consider a loss of wages claim as the scheme only cover's non recoverable losses
- Items such as overtime, bonuses, unsociable working hours, allowances etc are not covered.
- 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.
- Sick Certificates/Medical Certificates are not acceptable for confirmation of the period of disability.

Employee

- 3 official payslips prior to the date of injury is required.
- A letter from the employer's accountant if no company stamp available in Section C, or if there appears to be a family connection (Employee/Employer)

Self Employed

- Accountant's letter confirming the average nett weekly earnings for the 3 months prior to the injury should be submitted with the Injury Scheme claim form.
- Solicitor / Tax Advisor letter if claimant has no accountant.