

Time to Process an Injury Fund Claim

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 considered 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
- 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

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

Who do you Contact in Relation to the Injury Fund Scheme?

Rosemarie Coyle


Croke Park,

Dublin 3

Email: rosemarie@ladiesgaelic.ie


Phone: (01) 8363156

Step by Step Guide to Injury Fund




Report any suspected injury

Complete one page preliminary form and forward to Head Office to notify of injury.



When completing the Application Form, print your name, address and club clearly under Section 1




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


Ensure permission is sought for private treatment.

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



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



Full Claim forms should then be forwarded when claim is complete. This 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. Payment will be process on receipt of this form onc steps adhered too.

Sample Preliminary Claim Form

Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



PRELIMINARY CLAIM FORM

To be submitted within eight weeks of date of injury or if treatment is likely to exceed €200.00

N.B PERMISSION MUST BE SOUGHT FROM THE INJURY FUND CO-ORDINATOR FOR ALL PRIVATE TREATMENT PRIOR TO RECEIVING THE TREATMENT.

Name of injured party:

Club:

Address:

Telephone Number:

Email Address:

Date of Birth:

Employment Status (Please tick as appropriate)

Student

Employed

Self Employed

Unemployed

Private Medical Insurance: Yes No

Vhi Insurance: Yes No

Aviva Hibernian Insurance: Yes No

Medical Card No:

Quinn Insurance: Yes No

Other Insurance: (Please Specify)

Date of Injury:

Time of Injury:

Nature of Injury:

Brief Details of how injury occurred:

Injury occurred at the following:

Club:

County:

Training: Yes No

Training: Yes No

Game: Yes No

Game: Yes No

Signature of Injured Party:

Date:

Signature of Parent/Guardian of Under 18 player:

Date:

Signature of Club Secretary:

Date:

Signature of County Secretary:

Date:

Sample Full Claim Form

Cumann Peil Gael na mBan The Ladies Gaelic Football Association



INJURY FUND CLAIM FORM

ALL SECTIONS OF THE FORM ARE TO BE COMPLETED TO THE BEST KNOWLEDGE OF THE CLAIMANT. THIS FORM SHOULD BE COMPLETED IN BLOCK CAPITALS. THE COMPLETED FORM MUST BE FORWARDED TO HEAD OFFICE BY THE COUNTY SECRETARY.

N.B PERMISSION MUST BE SOUGHT FROM THE INJURY FUND CO-ORDINATOR FOR ALL PRIVATE TREATMENT PRIOR TO RECEIVING THE TREATMENT.

SECTION A

Claim number:

Name: (As per registration)

Date of Birth:

Address:

Telephone Number:

Mobile Number:

Email Address:

Registered with: Club County

Are you involved with other sports: (Please Specify)

Employment Status (Please tick as appropriate)

Student Employed Self Employed Unemployed

Private Medical Insurance: Yes No

Medical Card No:

Vhi Insurance: Yes No Quinn Insurance: Yes No

Aviva Hibernian Insurance: Yes No

Other Insurance: (Please Specify)

THE INJURY FUND IS NOT AN INSURANCE SCHEME. PLAYERS WHO HAVE MEDICAL INSURANCE MUST CLAIM FROM THEIR POLICY AND SUBMIT A STATEMENT OF ACCOUNT OF THEIR MEDICAL CLAIM.

SECTION B

Date of Injury: Time of Injury: Nature of Injury:

Preliminary Claim Form MUST have been submitted within eight weeks of date of injury or if the claim exceeds €200.00

Brief Details of how injury occurred:

Club: County:

Training: Yes No

Training: Yes No

Game: Yes No

Game: Yes No

Have you submitted: A Preliminary Claim Form or a previous Injury Fund Claim Form in relation to this injury: Yes No If yes please state No.

SECTION C

To be completed if claiming loss of wages (Please enclose last 4 payslips & doctors certificate)

Employer's Name/Company Telephone Number

Address

Were you disabled by your injury, unfit to attend work and unable to earn an income?

Dates when absent from work

Amount of Benefit paid to you by Department of Social Welfare? (Please enclose letter from the above Department stating amount paid to you)

Were you paid by your Employer while injured?

Had you income from any other source while injured?

(Please Specify)

TO BE COMPLETED BY EMPLOYER Date employment commenced

Gross Weekly Wage Nett Weekly Wage Date Missing Date Returned

I declare that the above was/not paid by me while injured during the dates stated above.

Employer's Registration No. Employer's Stamp

Signed:

Loss of Wages Certification - For Self Employed:

I declare that I am unfit for work as a result of participating in Ladies Gaelic Football and am unable to earn my nett weekly income.

I attach (i) Certificate from my Doctor
(ii) Confirmation of loss of nett weekly income from my Accountant (include Chartered Accountants Registration No).

SECTION E - ALL SECTIONS MUST BE COMPLETED

TO BE COMPLETED BY THE CLAIMANT:

I declare that I am a registered member of the Association and give permission to Central Council of Cumann Peil Gael na mBan or their representatives to make any enquires that they deem necessary and that all information contained is correct.

Injured Party's Name:

Injured Party's Signature: Date:

TO BE COMPLETED BY INJURED PARTY'S PARENT/GUARDIAN:

Name of Parent/Guardian of under 18 Player:

Signature of Parent/Guardian of under 18 Player: Date:

TO BE COMPLETED BY THE TEAM TRAINER'S SIGNATURE:

I declare that the above sustained this injury in a team training session/match under my supervision.

Team Trainer's Name:

Team Trainer's Signature: Date:

CLUB SECRETARY'S DECLARATION:

I declare that the above is a registered member of our club and sustained this injury while participating in the activities of Cumann Peil Gael na mBan.

Club Secretary's Name:

Club Secretary's Signature: Date:

COUNTY SECRETARY'S DECLARATION:

I declare that the information supplied by the claimant is correct.

County Secretary's Name:

County Secretary's Signature: Date:

To Be Completed By County Secretary:

Any omissions will result in the form been returned for completion and may cause delays in settlement.

Check List: Are all original receipts included? Yes No
Are all Sections of the form completed? Yes No

Has the form been signed by

(i) The Injured Player Yes No (ii) Person in charge of team Yes No
(iii) The Club Secretary Yes No (iv) County Secretary Yes No

SECTION D

Total Expenses being claimed for this injury.

Please complete all sections of table below

	Name	Amount	Office use only
Physio			
G.P			
Consultant			
Mri			
Surgery			
Dentist			
Medical			
Hospital			
Xray			
Wages			
Other			
Total			

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.