

GAA INJURY **Benefit Fund**

SUMMARY DOCUMENT

Effective from 1st June 2022 – 31st May 2023

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 or for any of our units to pay for treatments, surgeries required. Risk is an inherent factor in sport, as in life. When members voluntarily take part in Club \ County activities particularly playing activities in contact sports, 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. Should a player issue legal correspondence in respect of a claim within the Fund, the player will be solely responsible for issuing payment for the costs of such correspondence. 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, Income Protection, Private Health Insurance, Schools Insurance for example. **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
in the course of an official supervised team 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 on the Foireann Membership system. Should a GAA Injury Benefit claim be reported for a claimant who is not registered or who is registered on the membership system after the date of injury, the claim will be declined. All playing members should be registered members before the commencement of playing activities for the relevant year and should the club fail to register a member, there are implications for the unit in the event that a player takes a legal action against the unit as the unit maybe found to be negligent for permitting a member to play which is against the rules of the Official Guide which in turn will invalidate any Liability Insurance claim that may arise as it is a strict condition of the Liability Insurance program that all units are in compliance with the Official Guide.

Rule 4.17 – Players Injury Fund

Central Council may make arrangements for the provision of a Players' Injury Fund for registered playing members of affiliated units of the Association. The Fund shall be administered in accordance with the terms and conditions of the Fund as may be determined from time to time. **A team shall not be permitted to participate in any competition or game whatsoever under the jurisdiction of the Association unless they are in compliance with the terms and conditions of the Injury Fund. Failure to fulfil a fixture as a result of such non-compliance shall result in the forfeiture of the game.** Any member or unit of the Association found, following investigation by Central Council, to have made, or assisted in the making of, a fraudulent claim under the Fund shall be deemed to have discredited the Association and shall be liable to penalties set out in Rule 7.2(e) of the Official Guide.

* Please see Glossary for definition

Funding & Fees

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 fees shall be:

- a) Adult - €1000.00 per team – no maximum per Club or Unit
- b) U21 \ U20- €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

In addition to the above, a claims band 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 against the fees paid by each unit in the calculation of the annual subscriptions due for the period under review. The calculation of the 2022 Fees are based on the claims experience \ fees paid for the Fund years 2018 – 2020.

Independent Teams

Cover under the GAA Injury Benefit fund is provided on a per team basis so independent teams need to be registered under whatever name they field under. Members of the independent team are registered as members of their respective adult club. Clubs should not be registering the independent teams within their club registration. For example, if two clubs are amalgamated at U15 and U17 hurling, those teams should be registered under the independent team's name only and not within the separate club registrations. If the two clubs reach the underage cap on their respective club registrations, there is no requirement to pay for the independent team.

If the independent name is not registered under the correct name in respect of GAA Injury Benefit Fund cover, DWF Claims will not have a record of the teams, and this will delay the assessment of the claim. It is up to the clubs involved with independent teams to agree on who is responsible for the handling of any GAA Injury Benefit Fund claims that may arise as claims should be reported against the independent team registration and not the individual club record.

Underage teams and GAA organised Camps

It is the responsibility of each unit to register all of the underage playing level teams within their club for Injury Fund cover. Clubs with nurseries should be registering teams at U6 level. Underage teams participating in training \ Go Games should be registered for Injury Fund cover. If a unit is seeking to run a GAA organised Camp for example Cúl camp, summer \ easter camps, GAA Injury Benefit Cover will extend to those camps once the club have a full underage section registered. GAA Injury Benefit Fund cover does not extend to camps which are run by private operators \ non-GAA unit organised camps.

Please be advised that refunds of subscriptions will not be considered. If a unit is unsure if they will be able to field a team in a certain grade, they should not register the team for Injury Fund cover until such time that they are in a position to affiliate the team to the County Board for competition.

All seven a side teams and teams playing in authorised official competitions whether Adult or Youth are included in the categories listed.

Team subscriptions maybe altered from time to time at the discretion of Cumann Lúthchleas Gael.

Registering for the Fund – what to do?

Cover under the GAA Injury Benefit Fund operates from June 1st 2022 – May 31 2023. **Payment must be received in full on or before August 5th 2022.**

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 September 2021 but does not conclude until July 2022, the team must be registered under the Fund for 2021 and 2022.

Teams must be registered annually on or as soon as possible after registration opens on June 1 2022. 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 August 5th, 2022.** Individual county boards may set earlier registration dates as required. **Please follow the following steps to register for the 2022 GAA Injury Benefit Fund**

- A renewal invitation email is issued to all club \ county secretaries at their official gaa email address.
- Once the secretary receives the renewal email invitation, please log into <https://www.foireann.ie>
- Each club has been provided with a User ID and Password to access the GAA On-line Management System. This is the same system whereby member registration is now completed.
- Please email gmssupport@gaa.ie for any queries in relation to accessing the system
- Once logged in on the homepage, the club will see that their Injury Fund invoice is due.
- Please note that the person logging into Foireann must have administration rights to edit and confirm the Injury Fund registration for 2022
- Click Administration, Click Injury Fund
- Click on due and you will see the cost to the unit based on the teams registered for 2022.
- Click next and you will receive a summary of the teams noted, please check this listing to ensure you have noted all teams that require cover for 2022.
- If you wish to edit the teams, click the edit and confirm button and deselect on the left hand side those teams that should not be included, this will regenerate the total owed
- Click next once you are satisfied that the teams have been registered.
- This will bring you to the payment screen where you have 2 options – Pay by Stripe or Save for Later.

Paying for GAA Injury Benefit Fund Fees - Payments for the GAA Injury Benefit Fund fees can be paid via Stripe, EFT Bank Transfer or by Cheque

Payment by Stripe

- If the unit has a stripe account set up and enough funds available to pay the Injury Fund fees due, please click Pay by stripe transfer, you will be asked to confirm payment, please click the pay button and payment will transfer. The unit will receive an email receipt confirming payment.
- If the unit does not have enough funds in the stripe account to pay the Injury Fund fees, please click Save for later.

- Please transfer funds accordingly to complete payment. You will need to allow for a number of working days before funds transfer from a clubs \ county bank account to their stripe account.
- Transferring funds to Stripe is not the same as paying Cumann Luthchleas Gael, once you transfer funds to the club stripe account and the funds hit the account, you must log back in to Foireann \ administration \ Injury Fund and click the pay by Stripe button and complete the payment. Once paid correctly, the club record will be noted as paid automatically and a receipt issued. Cumann Luthchleas Gael have no involvement in marking off Stripe payments.

Payment by Bank EFT Transfer

- **When you have reviewed your teams and come to the payment option click Save for Later**
- Payment can be accepted via bank EFT transfer to the bank details noted below. To allow the GAA finance team to identify the payment, please mark the transfer PIF22 with the name of your unit \ county.
- Please complete the remittance form issued with the communication May 4th 2022 on the Injury Fund and return to ciara.clarke@gaa.ie
- Please do not include any personal names, businesses etc when completing the payee detail as the GAA Finance team will not be able to identify the payment and this will delay the updating of the club record and of DWF Claims receiving confirmation that the unit is registered for 2022.
- The GAA will update Foireann with payments received via bank transfer and a receipt will issue

Account Name: **CLG GAA No 1 Bank Account**

Branch: **AIB Drumcondra**

IBAN: **IE85AIBK93210803608044**

Payment by Cheque

- **When you have reviewed your teams and come to the payment option click Save for Later**
- Payment can be accepted via cheque. Please mark the cheque payee Cumann Luthchleas Gael
- Post the cheque and remittance form issued with the communication May 4th 2022 to GAA Injury Benefit Fund Section, Croke Park, Dublin
- The GAA will update Foireann with payments received via cheque and a receipt will issue

Additional Teams

- Should the club \ county wish to add any additional teams as the year goes on, please log on to <https://www.foireann.ie> and register and pay for the additional teams.

Additional Information on registration and payment – please click the link below

[GAA | Player Injury Fund – Gaelic Athletic Association \(zendesk.com\)](#)

Important Notes

Claims Handling – claims with Injury dates June 1, 2022 – August 5th, 2022

No claim will be processed by DWF Claims for year June 1, 2022 – August 5, 2022, until renewal is fully completed, payment has been received in full and a receipt issued. GAA Injury Benefit Fund claims notified to DWF Claims with a date of injury between June 1st and August 5^h 2022 will be declined for assessment if payment in full has not been received and a receipt issued by August 5th, 2022. All claims will be declined, and no appeals considered.

Where renewal confirmation and / or payment is received after August 5th, 2022, 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 August 5th, 2022, the discount entitlement will be removed, and your unit will receive an updated invoice confirming same

Girls and the GAA Injury Benefit Fund

Under the rules of the Association, Girls may participate in GAA activity 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.

Players on Permission

If a player is playing on permission with another club and sustains an injury while playing or training with the other club, it is up to that club and not his home club to register a GAA Injury Benefit Fund claim. The player will be a member of his home club and the other club should have confirmation of his membership number for the submission of his claim.

There is no cover under the GAA Injury Benefit Fund for injuries sustained at unauthorised \ unofficial competitions, charity events, recreational activities such as Dads and Lads for example and fundraisers. Social Members, non-playing and non-coaching members are not covered under the GAA Injury Benefit Fund for injuries sustained during GAA activities.

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.

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 €5,200.00 (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. Where a claimant* has private medical insurance and makes a successful claim for benefit in that benefit is paid via their private medical insurance policy, the €100 excess on each and every claim will not apply on the claimant's claim.**

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 01/07/2022, unrecoverable medical expenses associated with the injury sustained on that date will only be covered up to the 30/06/2024.

Cover for unrecoverable medical expenses applies to treatment only within the Island of Ireland

There is no cover for pre-operative physiotherapy \ treatments (acupuncture, osteopath, massage therapy etc) 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 treatment costs 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, BUPA, Schools Insurance 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 €5,200.00. **The first €100.00 of each and every claim is excluded. Where a claimant* has private medical insurance and makes a successful claim for benefit in that benefit is paid via their private medical insurance policy, the €100 excess on each and every claim will not apply on the claimant's claim.**

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 01/07/2022, unrecoverable dental expenses associated with the injury sustained on that date will only b1 covered up to the 30/06/2024

Cover for unrecoverable dental expenses applies to treatment only within the Island of Ireland

- 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 nett 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 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 – 26	- Up to €300.00 per week

In order for a loss of wages claim to open the injured player must provide the club \ county with a letter from his attending GP \ consultant confirming that he will be unable to work as regards the injury sustained and an estimate of the expected period of work. Once received by DWF Claims, a loss of wages claim will open at that stage.

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 DWF Claims to the club Injury Fund administrator to give to the claimant. No further loss of wages payments will be considered beyond 8 weeks until DWF Claims receive the report from the Independent Medical Examiner.

From time to time DWF Claims 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 DWF Claims 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.

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.

The above benefits are only applicable once a claim is reported on the DWF Claims portal within 60 days of the Injury date. Any claims reported more than 60 days from the Injury date will be declined for cover and no appeals considered.

What is the Preferred Medical Provider Initiative?

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.

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:

Preferred Medical Provider	Telephone Number	Website
Aut Even Sports Medicine Clinic UPMC	056 7775275	www.autevenhospital.ie
Beacon Hospital	01 2936600	www.beaconhospital.ie
Blackrock Clinic	01 2832222	www.blackrock-clinic.ie
Bon Secours Hospital Group	021 4542807	www.bonsecours.ie
Cappagh National Orthopaedic Hospital	01 8140400	www.cappagh.ie
Hermitage Medical Clinic	01 645 9000	www.hermitageclinic.ie
Kingsbridge Private Hospital	0845 60 06 352	www.3fivetwo.com
Mater Private Group	01 8858888	www.materprivate.ie
North West Independent Hospital	028 777 63090	www.nwih.co.uk
Sports Surgery Clinic	01 5262000	www.sportsurgeryclinic.com
St. Francis Private Hospital	044 9385300	www.stfrancisprivatehospital.com
Ulster Independent Clinic	028 9066 1212	www.ulsterindependentclinic.com
UPMC Kildare	(045) 982 300	https://upmc.ie/locations/hospitals/kildare
Whitfield Sports Medicine Clinic UPMC	051 337400	www.whitfieldclinic.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 Players' 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.

Exclusions and Limitations

- 1) **Claims reported more than 60 days after the Injury date.**
- 2) If a claimant is not registered on the GAA Membership System Foireann as a registered member of the Association as per the Official Guide
- 3) Injuries which occur while the claimant is training individually, via Online programmes, Zoom etc.
- 4) Medical or dental treatment undertaken outside the Island of Ireland
- 5) Medical or dental expenses incurred two years after the date of injury
- 6) Medical or dental invoices
- 7) Claims not reported using the mandatory On-line DWF Claims portal application
- 8) If a club fails to register their teams under the GAA Benefit Fund by August 5 2022 and pay the appropriate subscriptions, no claims will be considered for that club for the corresponding year.
- 9) 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
 - e. Illness, disease, pregnancy
 - f. Post traumatic stress disorder, psychological or psychiatric medical condition
- 10) Damage to or loss of personal effects, accommodation, travel expenses and sustenance.
- 11) Legal expenses.
- 12) Cost of completion of the medical section of the claim form.
- 13) 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.
- 14) 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.
- 15) Any circumstances where the injury noted conflicts with the Official Guide and GAA Best practice guidelines issued.
- 16) Sick certificates \ Medical certificates are not acceptable for confirmation of period of disability.
- 17) Non-medical expense items such as gym equipment, gym memberships, orthotics, mouth guards etc.
- 18) Covid 19 test expenses except where the test is requested by a medical facility ahead of an attendance for surgery
- 19) Pre- operative physiotherapy and other associated treatments.
- 20) Pre-injury prevention and Post Injury prevention treatments are specifically excluded from cover
- 21) Post-operative physiotherapy and other associated treatments which have not been medically prescribed by a GP \ Consultant.
- 22) Post-operative physiotherapy and other associated treatments that are greater than the limit of €320.00.
- 23) Cosmetic and elective procedures.
- 24) If a claimant goes against medical advice given by a doctor \ consultant \ dentist and subsequently is involved in playing activity and sustains an injury

- 25) If a claimant sustains an injury while playing on snow, ice or a pitch that was deemed unfit to play
- 26) If an injury occurs whilst playing, training on GAA owned synthetic surfaces which have not been registered and certified on the GAA Synthetic Pitch Register
- 27) Loss of wages claims – overtime, commission, bonuses, unsociable working hours, allowances etc. are not covered.
- 28) 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.
- 29) Medical and dental expenses that are greater than the €5,200.00 fund limit.
- 30) Medical and dental expenses that are less than the €100.00 excess* except where the claimant has received benefit via his or her Private Medical Insurance for treatment in respect of the Injury which is the subject of the GAA Injury Benefit Fund Claim.
- 31) Medical and dental receipts that pre-date the date of injury.
- 32) Hospitalisation claims whereby the claimant is hospitalised for less than 10 consecutive days.
- 33) Loss of wages claims whereby the claimant is unable to work for less than 14 consecutive days.
- 34) Loss of wages claims whereby the claimant is not in full time employment at the date of injury.
- 35) Loss of wages claims whereby the claimant is unemployed at the date of injury.
- 36) Loss of wages claims whereby the claimant is in receipt of sick pay for the duration of the period unfit to work.
- 37) Loss of wages claims whereby the duration of the period of unfitness to work has not been medically certified by a GP \ Consultant.
- 38) Loss of wages claims in excess of the Benefit Fund limit of 26 weeks less the 1st week excess
- 39) If a third-party medical provider pays out a medical \ dental expense claim in respect of the claimant, the third party medical provider may not seek reimbursement from the GAA Injury Benefit Fund.
- 40) Injuries sustained at unauthorised \ unofficial competitions, charity events, recreational activities and fundraisers
- 41) 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.
- 42) If the affiliated unit has submitted an Injury Fund claim for which legal correspondence is also received in and it is discovered that the affiliated unit are in breach of the Liability Insurance Program, the Injury Fund claim will be declined in its entirety.
- 43) If it is discovered during the assessment of the claim, that the claimant \ club have breached data protection legislation including the General Data Protection Regulation (GDPR) and Data Protection Act 2018, the Injury Fund claim will be declined in its entirety
- 44) 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.
- 45) Injuries sustained to members \ non-members performing designated duties within the club

Claims Information - General

- 1) DWF Claims are the appointed professional claims handlers for the Fund and have responsibility for the day to day handling of the claims received under the Fund.
- 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) Injury Fund Administrator as appropriate and not directly with DWF Claims.
- 3) **If a player returns to play after an injury and he is reinjured 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 DWF Claims through the appropriate affiliated unit by electronic transfer. No payments are issued directly by DWF Claims to claimants.

Submitting a claim – On-Line Guidelines – Mandatory Reporting

- All GAA Injury claims must be registered on-line at <https://gaabenefitsportal.dwfclaims.com/>
- 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 Create New and enter details in all the required fields.
- All claims are required to be reported to DWF Claims within 60 days of the injury by entering all of the required details and hitting the submit claim button.
- Once you submit the claim on-line, you will receive a claim number and acknowledgment in relation to the claim
- Once the submitted claim is reviewed by DWF Claims, DWF Claims will acknowledge the claim and it will be forwarded on-line to the relevant County Board for approval
- You will be able to download the relevant sections of the claim form that need to be submitted.
- If a submitted claim is not fully documented, the necessary documents will be requested by DWF Claims to resolve the claim.
- **Please note that scanned documents maybe submitted in respect of all the claim documentation required but DWF Claims will carry out spot checks and at their discretion, requests for originals to be submitted will be made as per compliance with the annual audit requirements in respect of the Fund**

Claims Sections Required

- A Medical Claim – On-line notification, medical section, declaration section
- A Loss of Wages Claim (Employed) – A letter from the attending doctor, consultant confirming that the claimant is unable to work as a result of the injury, On-Line notification, employer's sections, social welfare \ social security section, medical section and declaration section.
- A Loss of Wages Claim (Self Employed) – A letter from the attending doctor, consultant confirming that the claimant is unable to work as a result of the injury, 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 – 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 the declaration section. The claimant* must sign the claimant's declaration, the team manager must also sign their signature and the Club Secretary \ designated Injury Benefit Fund Administrator must sign his \ her declaration.

Additional documentation required \ information depending on claim type claimed:

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 must be scanned (invoices are not acceptable)** – 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 if it is uncovered that 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, BUPA 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, DWF Claims must be provided with the letter detailing the reasons for the declination. It is not acceptable for DWF Claims 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, DWF Claims 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. DWF Claims will refer such cases to Cumann Lúthchleas Gael for further investigation.

Loss of Wages Claims

Employee – DWF Claims 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 – DWF Claims 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 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 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 DWF Claims issue payment for a loss of wages claim, DWF Claims will issue a loss of wages continuation claim form which must be completed in full and returned to DWF Claims
- If DWF Claims 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 DWF Claims to the club Injury Fund contact to give to the claimant. No further loss of wages payments will be considered beyond 8 weeks until DWF Claims receive the report from the Independent Medical Examiner.
- From time to time DWF Claims 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.

Data Protection

The following is intended to inform all affiliated units who in turn should inform all of their members who are eligible to make a claim under the GAA Injury Benefit Fund of how the Personal Data provided as part of the GAA Injury Benefit Fund claims process shall be used, by whom and for what purposes. If you are unclear on any aspect of this form, or want any further information, please contact the GAA's Data Protection Officer (01 8658600 or dataprotection@gaa.ie).

Who is the data controller?

The GAA and DWF Claims are the joint Data Controllers of the Personal Data collected as part of the GAA Injury Benefit Fund claims process.

What is the purpose of processing a claimant's* Personal Data?

The purpose for processing your Personal Data is to assess your GAA Injury Benefit Fund Claim. This processing is carried out on the basis of the claimant's* consent signed on the declaration document.

Will anyone else receive a copy of a claimant's Personal Data?

A claimant's* Personal Data will also be accessed by the GAA's Injury Fund Administrators, DWF Claims based at 2 Dublin Landings, North Wall Quay, North Dock, Dublin 1

Where is the claimant's* Personal Data stored?

A claimant's* data will be stored electronically on the GAA's secure Injury Benefit Fund System which is provided by DWF Claims

Who are DWF Claims?

DWF Claims are the GAA's claims assessors and Injury Fund Administrators.

How long will a claimant's* personal data be stored for?

Your Personal Data will be held for 7 years.

How can a claimant* obtain a copy of his \ her Personal Data?

A claimant* has the right to request a copy of all his \ her Personal Data and can do so by contacting the GAA's Data Protection Officer. This information will be provided to the claimant within one month.

What are my privacy rights relating to my Personal Data?

A claimant* has the right to have his \ her Personal Data updated, rectified, or deleted in certain circumstances. A claimant* has the right to object to his \ her Personal Data being processed and to withdraw his \ her consent to processing – A claimant* can do so by contacting us.

Where can I get further information?

Further information regarding a claimants* rights can be obtained through the **Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28** or on the website www.dataprotection.ie

How do I make a complaint or report a breach?

Should a claimant* wish to make a **complaint or report a breach** under in relation to his \ her Personal Data, they can do so by filling in a webform on the website at www.dataprotection.ie, or by phone at 057 868 4800.

Please note that it is essential that only designated individuals (Unit Secretary/Injury Fund Administrators) within each Unit have access to the Injury Fund Portal due to the sensitive nature of the personal data contained within the Portal. Therefore, it is not acceptable under any circumstances for the Unit Secretary \ designated Injury Fund Administrators to share passwords to the Portal with any other individuals. If a password has been provided to anyone outside of the Unit Secretary and/or Injury Fund Administrator, the Unit is legally obliged to notify the Data Protection Commission of the breach. This may result in the Data Protection Commission issuing a fine against the affiliated Unit and in such circumstances, the unit will be responsible for the payment of such fines.

As noted within the exclusions section of this document, should a unit be in breach of data protection legislation including the General Data Protection Regulation and the Data Protection Act 2018, this will result in the declination of GAA Injury Benefit Fund cover for claims submitted.

All affiliated units are reminded to read the GDPR guidance that has been issued by the GAA Data Protection Officer and any further information that maybe issued by that Office.

Complaints Procedure

- If a Claimant \ Designated Club Benefit Fund Administrator is dissatisfied with the handling of a claim, the claimant \ Designated Club Benefit Fund Administrator must firstly write to DWF setting out in detail their complaint.

- DWF Claims maybe contacted as follows:

GAA Injury Benefit Fund
DWF Claims
2 Dublin Landings
North Wall Quay
North Dock Dublin
Dublin D1

- Or by emailing InjuryFundGAA@DWFCclaims.com
- Upon receipt of the complaint, DWF shall notify GAA of the complaint received acknowledge same to the complainant within one business day. DWF will fully investigate same and issue a response in writing to the Designated Club Benefit Fund Administrator within 5 business days.
- If the Claimant Designated Club Benefit Fund Administrator remain dissatisfied with the response, the Claimant Designated Club Benefit Fund Administrator 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 Administrator 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 Administrator must refer the complaint in writing to the following:

GAA Management Committee
C\O GAA Injury Fund Manager,
Páirc an Chrócaigh
Baile Atha Cliath 3

- The GAA Management Committee are appointed by Uachtarán CLG and ratified by Central Council. The GAA Management Committee shall investigate the case in full and make a decision accordingly. The decision of the GAA Management 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 Administrator 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 Administrator 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 Management Committee

All claimants \ Designated Club Benefit Fund Administrators should be aware that DWF Claims will undertake 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 Management 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
- Notifying a claim with an incorrect injury date to bypass the 60 day reporting condition

Contact Information:

GAA Injury Benefit Fund
DWF Claims
2 Dublin Landings
North Wall Quay
North Dock Dublin
Dublin D1

Email: InjuryFundGAA@DWFCclaims.com

Telephone: 01 7909455

GAA Management Committee
C\O GAA Injury Fund Manager
Páirc an Chrócaigh
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 supervised team 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 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 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, 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.