



ÉIRE Óg an Aonach

Cumann Iomán agus Peil

Aonach, Co. Thiobraid Árann

website: www.nenagheireog.com



NENAGH ÉIRE ÓG HURLING & FOOTBALL CLUB

GAA INJURY BENEFIT FUND SUMMARY CLUB DOCUMENT

Effective from 1st June 2023 – 31st May 2024

INTRODUCTION

This policy only applies for players who are fully paid up Club Members.

This important Club Policy Summary Document was approved by the Club Executive. It is important to state that that this document is only highlighting key areas of the **main GAA INJURY BENEFIT FUND SUMMARY DOCUMENT**. The full document is available on request but is also located on the Club website.

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.

As with all communications issued out on the Fund, it is not an insurance policy but a benefit fund in place to assist as per the terms and benefits as set out in the attached summary document.

The club welcome this policy document as it is important that an agreed process is available for players and they are aware of the benefits that are available for them to apply for in the event of them incurring an injury.

Like all policies there are strict guidelines and procedures that the club must follow for a player to avail of the appropriate funding.

Yours in Sport

John Tooher
Chairperson
Nenagh Éire Óg Hurling & Football Club

DATE: 8th August 2023

GAA INJURY BENEFIT FUND 2023

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:

(Where you see an * please revert to Appendix One - Glossary)

1.1 Registered Players as per the Official Guide who play on a team registered with the GAA Injury Benefit Fund who incur an 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 or in the course of an official supervised collective 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.

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. To be considered registered, playing members must be registered on the GAA Membership system Foireann.

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 may be 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.

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

1) Medical Benefit – 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 be covered up to two years after the Injury date. For example, if the injury date is the 01/07/2023, unrecoverable medical expenses associated with the injury sustained on that date will only be covered up to the 30/06/2025.

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 postoperative 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 because 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 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 be covered up to two years after the Injury date. For example, if the injury date is the 01/07/2023, unrecoverable dental expenses associated with the injury sustained on that date will only be covered up to the 30/06/2025.

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

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.

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 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. If 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, to claim hospitalisation benefit, a claimant must be hospitalised for a minimum of 10 consecutive days before benefit can be considered.

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. The injury date is day 1. Any claims reported more than 60 days from the Injury date will be declined for cover and no appeals considered. Any claims reported on the DWF Claims portal with a false date of injury to bypass the 60-day reporting condition will be declined and no appeals considered.

Preferred Medical Provider Initiative

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.sportssurgeryclinic.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.

APPENDIX ONE

GLOSSARY

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 of 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 of 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 during an official competitive fixture or an official sanctioned challenge game or during an official supervised collective 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, outpatient 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 example 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 for example 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 because 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.