

Guidelines for the GAA Injury Scheme

Willis

General

- All claims must be reported to Willis within 60 days of the Injury occurring.
- All claims reported more than 60 days after the injury will be declined
- Cost for Completion of Medical Section must be borne by the Claimant.
- Section E to be completed by Doctor / Dentist **ONLY**. If no stamp available, please ensure that the Doctor / Dentist attaches a business card or a letter on headed paper stating that no stamp, business card is available
- If a Claimant returns to sport and suffers a re-occurrence, this is considered to be a new and separate injury/claim.
- In relation to hurling injuries, a claimant must be wearing a helmet with a faceguard that carries the CE Mark.
- In relation to football injuries, a claim must be wearing a mouthguard that carries the CE Mark.
- A Referee's Report is required and must be supplied if an Injury occurred during an Official Match. 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 and must be supplied if an Injury occurred during an Official Training Session / challenge match or performing Designated Duties under request.

Medical/ Dental

- Third Party Medical Insurance Details must be provided on all claim's e.g. VHI First Plan Plus
- If a claimant has Third Party Medical Insurance, a statement of account from the Provider must be submitted.
- An inpatient (Surgery) / outpatient (MRI scans, Consultation's) claim must be made with the claimant's Third Party Medical Insurance Provider. It is not acceptable to state no claim made.
- Official \ Original medical \ dental receipts only are acceptable. Unpaid Invoices, estimates, quotations or handwritten paid invoices are not acceptable.
- Damage to or loss of Personal Effects, Accommodation, Travel Expenses and Sustenance are not covered.
- Medical / Dental expenses covered up to a maximum of €4,500.00
- This benefit includes cover for MRI scans which are covered up to a maximum limit of €300 per scan
- This also includes medically prescribed Post-Operative treatment up to a limit of €320.00 (Maximum of €40.00 per session so cover is available for 8 sessions at €40.00)
- If a claimant is seeking to claim for Post-Operative treatment, we must receive a letter from either a doctor \ consultant confirming that this treatment was medically prescribed as part of the claimant's rehabilitation.
- Please note at present there is no cover for pre –operative treatment (Physiotherapy, Chiropractic etc)
- The first €100.00 of each and every claim is excluded

Loss of Wages

- Loss of Wages claims are only applicable to those who are in full time employment at the date of injury.
- The claimant must be unable to work for a minimum of 14 consecutive days
- The first week's loss of wages is excluded from cover
- If the claimant is receiving full sick pay from his employer, we will not consider a loss of wages claim as the scheme only cover's non recoverable losses
- Items such as overtime, bonuses, unsociable working hours, allowances etc are not covered.
- A claim for Social Welfare Benefit / Statutory Sick Pay / Social Security Agency Payment must be made in all cases for employees and self employed claimants, it is not acceptable to state no claim made.
- Sick Certificates/Medical Certificates are not acceptable for confirmation of the period of disability.

Employee

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

Self Employed

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