**What is the GAA / LGFA Injury Benefit Fund?**

The GAA Injury Benefit Fund is a fund available to affiliated units who register for the Fund and pay their registration fees by the agreed date which provides cover for benefits that cannot be claimed elsewhere to help alleviate the financial burden on those entitled to make a claim should they sustain an accidental bodily injury during an official match/sanctioned challenge match \ official supervised training session

**Where are the terms and benefits of the GAA /LGFA Injury Benefit Fund noted?**

GAA Injury Benefit Summary Document available at web link noted below

<https://www.gaa.ie/mygaa/administrators/gaa-injury-benefit-fund> or www.ladiesgaelic.ie

**Is it insurance?**

No, it is not insurance. There is no insurer involved in the operating of the Fund. All monies come from the GAA, €6millon from annual registration fees and an additional €3million from Central Council contributions

**What is the cover period for the GAA / LGFA Injury Benefit Fund?**

Cover runs from January 1 – December 31 of each calendar year

**Are the GAA obliged to provide a Fund and are affiliated units responsible for covering the cost of treatments, surgeries required?**

There is no legal obligation on the GAA to provide the Fund and our affiliated units are not responsible for paying for surgeries, treatments required.

**Will the Fund provide full cover to players in the event of an Injury?**

No, the Fund will only provide benefits up to the specified limits as set out in the GAA Injury Benefit Fund Summary document. Taking part in contact sports runs the risk of injuries occurring and players need to ensure they have adequate covers in place in the event that they sustain an injury.

**Who is covered under the GAA / LGFA Injury Benefit Fund?  - See Page 2 of the Summary Document**

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 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

**What is the Membership year?**

GAA membership year runs from January 1st to December 31st each year. As does the GAA membership year, therefore any player who requires cover under the Fund should be registered on the GAA Management System (GMS) system prior to the beginning of training each year. For Membership Queries, please refer <https://learning.gaa.ie/sites/default/files/02%20%20Membership%20and%20Registration.pdf>

**Is cover on a per team basis or per member basis?**

Cover is on a team basis, please refer to page 3 – GAA Injury Benefit Fund Summary Document – Funding and Subscriptions

**How does an affiliated unit register for cover?**

Please refer to page 4 – GAA Injury Benefit Fund Summary Document – Registering for the Fund

**What date is the closing date for payment and registrations –**March 2, 2020

**If a unit completes payment and registration after March 2, 2020, will cover date back to January 1, 2020?**

No, cover only commences from the date that the unit was marked off as paid by Páirc an Chrócaigh. For example, if payment is marked off as paid from April 5, 2020, cover will only commence for the noted until from April 5, 2020 until December 31, 2020

**Who are DWF Claims?**

DWF Claims are the GAA’s appointed claims handlers \ administrators who are handling all existing claims and new claims with effect from December 1, 2019

**How to I register a claim?**

DWF Claims will be communicating with all units with regards to registering for the Injury Fund claims portal which will be available to <https://gaabenefitsportal.dwfclaims.com/>

**Will Willis Towers Watson be involved in dealing with queries on the Fund?**

No, all files have transferred to DWF Claims and all records for your unit will be available on the new portal been provided by DWF Claims at the above address

**I can’t register a claim – what is wrong?**

The on-line portal will not allow the registering of claims which are 60 days after the Injury date

**What benefits are covered? – Please refer to pages 6 – 7 – GAA Injury Benefit Summary Document – Benefits**

         Medical – up to a maximum amount of €4500 per claim

         Dental – up to a maximum amount of €4500 per claim

         Loss of Wages – weeks 2 – 26 – covered up to a maximum of €300 per week

         Supplementary Hospital Benefit – 15 days continued hospitalization, but benefit will only be considered where the claimant is in hospital for an initial 10 consecutive days

**What excesses apply – in that part of the claim that is not covered by the Fund?**

         Medical – First €100 of each and every claim unless a claimant makes a successful claim with their Private Medical Insurer and in those circumstances, the excess is not charged

         Dental – First €100 of each and every claim unless a claimant makes a successful claim with their Private Medical Insurer and in those circumstances, the excess is not charged

         Loss of Wages – week 1 is not covered, a claimant must be unable to work for 14 consecutive days before a claim can be considered

         Supplementary Hospital Benefit: - First 10 consecutive days are not covered

**Is there a time frame as to when a claimant can claim for medical \ dental expenses?**

Unrecoverable expenses are only covered up to two years after the injury date

**Is medical \ dental treatment outside the Island of Ireland covered?**

No

**Do I need to pay for all treatments before claiming for reimbursement under the Fund?**

Yes, the Fund works on a receipted basis and all treatment must be paid for in full and the receipts sent in for reimbursement.

**Is physiotherapy \ treatments covered?**

The only physiotherapy \ treatments covered are those that take place after a surgical procedure. In the absence of surgery, there is no cover for physiotherapy \ treatments

**I have Private Medical Insurance; must I make a claim under my private medical insurance policy?**

Yes, cover under the Fund, is only in place for unrecoverable expenses that cannot be claimed elsewhere, therefore a claim must be made with the Private Medical Insurer and any shortfall not covered can be claimed for under the Fund as per the benefits covered – See Page 6 – Summary Document

**I am a student and work 10 hours per week, am I entitled to claim loss of wages benefit?**

No, a claimant must be in employment of at least 16 hours per week

**I earn overtime, bonuses, commission as part of my wages, are these covered**?

No, only the basic net wages are covered and considered as part of the assessment of a claim

**Will I be requested to go for an Independent Medical Examination as part of the assessment of my loss of wages claim?**

Yes, where a claimant has received 8 weeks loss of wages benefit, a request will be made for the claimant to attend an Independent Medical Examination

**What is the Preferred Medical Provider Initiative?**

Cumann Lúthchleas Gael entered into agreements with a number of Preferred Medical Providers to enable our injured members to avail of better pricing – please see pages 8 – 9 of the GAA Injury Benefit Fund Summary document

**Are there exclusions and limitations within the GAA Injury Benefit Fund?**

Yes, please refer to pages 10 and 11 of the GAA Injury Benefit Fund Summary Document

**My injury occurred 63 days ago, am I entitled to claim for benefit?**

No, all claims must be reported within 60 days of the Injury date

**I was not a registered member at the time of my injury, am I entitled to make a claim?**

No, all claimants must be registered members at the time of their injury in order to avail of benefit

**I received an injury on February 10, 2020 but my club did not complete registration and payment until March 24, 2020, am I entitled to benefit?**

No as club had not paid and registered by March 2, 2020.

**I was not wearing a helmet or mouthguard (as applicable) at the time of my injury, can I claim?**

No, all claimants must be in compliance with the Official Guide

**Does my County Board need to sign the declaration section?**

No, only the claimant, team manager and club secretary or injury fund administrator

**Will claim payments still go direct to the County Board**?

No, payments will go to the affiliated unit making the claim by band transfer. GAA has provided bank details for units where possible and if DWF Claims have no bank details, contact will be made with the club

**Do I need to post in original claims documents to DWF Claims?**

No, scanned copies will be accepted and can be uploaded on the portal. From time to time, spot checks will be made by DWF Claims and originals requested in order to comply with audit requirements within the Fund.

**Should I be concerned with Data Protection requirements in relation to Fund?**

Yes, this is of critical importance owing to the nature of the information been collected and details are documented on page 18 of the GAA Injury Benefit Fund Summary document

**What can delay the assessment of a Claim?**

Failure to return requested documents – please refer to pages 12 – 15 of the GAA Injury Benefit Fund Summary document

A medical section not fully completed and stamped, should only be completed by doctor \ dentist

Medical section not confirming that the Injury is GAA related – it must do so owing to claims been received noting soccer, rugby etc. which is not acceptable

A declaration section not signed by the claimant, team manager and club secretary or Injury Fund administrator – all 3 signatures must be noted for a claim to be valid

An employer’s section not stamped and no letter on headed paper with it to confirm the details are as noted

Social Welfare section received stating no claim was made, a claim must be made

Self Employed section only giving brief detail – e.g. name only – full details must be provided by the claimant

A referees report not noting the injury that is the subject of the claim

A club letter received on plain paper noting a training injury

Invoices, quotes for treatment – these are not acceptable – receipts must be received

A letter from the claimant’s Private Medical Insurer or the claimant confirming no claim was made, a claim must be made

An outpatient statement of account only received, and no details received of the claim for inpatient medical expenses – inpatient and outpatient statements must be received

Seeking to claim for post-operative medical expenses which have not been referred by a doctor or consultant and confirmation has not been received confirming the referral

Pay slips dated after the Injury date unless the claimant has undergone surgery and has worked until the surgery was required

If there is a family relationship between claimant and employer – same surname, address for example, this will be questioned, and an accountant’s letter will be required to confirm the details

Where the accountant’s letter for self-employed claimants is received on blank paper, handwritten and does not confirm the weekly earnings for the three months prior to the Injury date

No confirmation on file that a claimant was unable to work for 14 consecutive days – the date unfit to work and the date on which the doctor signed the medical section needs to show a minimum of 14 consecutive days, otherwise a GP letter will be requested to confirm the period of disability

If a claimant is unfit to work, the loss of wages claim will only be considered up until the date that the doctor has signed the medical section. If the claimant has returned to work prior to this date and the return date is confirmed, the loss of wages claim is paid and closed. Otherwise, the loss of wages is paid from date unfit to work to date the doctor signed the medical section and a continuation claim form issued