

Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



ACCIDENT FUND CLAIM FORM

ALL SECTIONS OF THE FORM ARE TO BE COMPLETED TO THE BEST KNOWLEDGE OF THE CLAIMANT.
THIS FORM SHOULD BE COMPLETED IN BLOCK CAPITALS WHERE POSSIBLE.

NB: PERMISSION MUST BE SOUGHT FROM THE ACCIDENT FUND CO-ORDINATOR FOR ANY PRIVATE TREATMENT REQUIRED.

SECTION A

Claim number (if known)

Name (As per registration)

Date of Birth

Address

Telephone Number

Mobile Number

Club/Institution Registered with

County of Club/Institution

Employed

Self Employed

Unemployed

County of Club/Institution

PPS

Medical Card Number

Are you covered under any of the following V.H.I./Bupa/Other

NB: THE ACCIDENT FUND IS NOT AN INSURANCE SCHEME. PLAYERS WHO HAVE MEDICAL INSURANCE MUST CLAIM FROM THEIR POLICY.

Date and time of accident

Preliminary claim form must have been submitted if injury occurred over two months ago or if claim exceeds €200.00.

Description of accident and nature of injury sustained

Have you submitted any previous claim form(s) regarding this injury

If yes, state claim numbers

SECTION B

Name of Doctor/Dentist/Physiotherapist who attended the application

Telephone Number

If more than one person treated the injury, please state names on a separate page.

Address

Date injured person first attended

Name of treatment administered

If more than one person treated the injury, please state details of treatment on a separate page.

SECTION C

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

Employer's Name/Company

Telephone Number

Address

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

Dates when absent from work

Amount of Benefit paid to you by Department of Social Welfare?

(Please enclose letter stating amount paid to you)

Were you paid by your Employer while injured?

Had you income from any other source while injured?

SECTION D

TO BE COMPLETED BY EMPLOYER

Gross Weekly Wage

Nett Weekly Wage

Date Missing

Date Returned

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

Employer's Registration No.

Signed:

Employer's Stamp

SECTION E

Give details of Expenses incurred as a result of your injury.

Loss of Wages

Doctor

Hospital

Physiotherapy

Medication

Dentist

Other

TOTAL

Checklist: Have you included all Original Receipts?

Are all parts of the Form completed?

Has the form been signed by:

(a) Person injured _____

(b) Person in charge of team _____

(c) Club Secretary _____

(d) County Secretary _____

Have you included your four previous payslips if claiming loss of wages? _____

Has your Employer completed the appropriate section? _____

Have you included a letter from Dept. of Social Community & Family Affairs, stating amount of benefit paid? ____

Have you included a letter from the appropriate Secretary

If the injury occurred during a challenge match? _____

I declare that the above particulars are true to the best of my knowledge, I am a registered member of the Association and give permission to Central Council of Cumann Peil na mBan or their representatives to make any enquiries that they deem necessary.

Injured Person's Signature:

Date:

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

Team Trainer's Signature:

Date:

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

Club Secretary's Signature:

Date:

I declare that the above details have been furnished to me by a club taking part in the official activities of Cumann Peil Gael na mBan

County Secretary's Signature:

Date:

SECTION F

FOR OFFICIAL USE ONLY

Has the form been completed properly? Yes No

Are all original receipts enclosed? Yes No

Details of forms already forwarded (re: injury)

Amount Paid:

If refused, state reasons:

Date registered:

Cheque Number:

Details of contact with club/player

Signed:

Date:

Cumann Peil Gael na mBan

ACCIDENT FUND

Claim Guidelines and Information

Introduction:

- 1.1 The Accident Fund is a response on the part of Cumann Peil Gael na mBan (hereafter called the Association) to show concern for the welfare of those who are involved in Ladies Football and those who have registered with the Association.
- 1.2 There is no legal obligation on the Association to provide such a scheme and under no circumstances should it be interpreted as either Insurance or Indemnity. Risk is an inherent factor in sport, as in life and when players voluntarily take part in games, they accept the risks.
- 1.3 The Accident Fund does not seek to compensate fully for injury but to mitigate against hardship to players and officials. It is intended to be a supplement to other Schemes where applicable.

Scope:

- 2.1 The Fund applies to players on a team registered with the Association who incur accidental injury while playing ladies Football, either
 - (a) in the course of an official competitive game or challenge game, or
 - (b) in the course of an official and supervised team training session.
- 2.2 It also applies to Club Officers, Team Mentors, Match Officials i.e. Referees, Umpires and Linespersons, involved in Ladies Football and who have paid the appropriate Registration and Accident Fund Fee.
- 2.3 The Fund covers Adults and Youth members of the Association and also players registered with the Fund through Primary, Post-Primary and Third Level Schools and Colleges.
- 2.4 For the purpose of the Fund, an Adult is a Full Registered member of the Association who is 18 years of age or over on the 1st January of the year. A Youth is a Full Registered member of the Association who is under 18 years on the 1st January of the Year.
- 2.5 The Scheme operates from June 1st each year to May 31st the following year.

Registration:

- 3.1 All players must be registered with the Fund.
- 3.2 Exemptions from this are:
 - (a) Players participating on official schools competitions.
 - (b) Non playing members of the Association whose participation shall be optional.
 - (c) New York and North America.
- 3.3 Clubs and other units of the Association must submit their Registration by 1st June each year. The registration year commences on 1st June each year and terminates on the 31st May of the following year.
- 3.4 Any player or club registering or affiliating to the Association after 1st January in any year shall be included in the fund up to and including 31st May of the following year.
- 3.5 In the case of a player registering with an existing club between 1st January and 31st May of a particular year, she must be included on the registration form for the new registration year.
- 3.6 Refunds of subscriptions will not be considered.

Funding:

- 4.1 The Accident Fund shall be solely funded by subscriptions in respect of teams registered by Clubs, Schools and Colleges, and also by those voluntarily joining the scheme as a non-playing member.
- 4.2 The Subscription to the Fund shall be determined by Central Council of the Association from time to time. Present rates shall be €15 for an adult and €5 for an under-age Player.
- 4.3 An Adult player paying €15 will be entitled to be considered for the payment of wages or salary lost together with medical expenses only.
- 4.4 An under-age player paying €5 will be entitled to be considered for payment of medical expenses only.
- 4.5 The Subscription for non-playing members shall be €15, which will entitle the applicant to be considered for the payment of wages or salary lost together with medical expenses only.

Benefits:

- 5.1 DENTAL
Unrecoverable dental expenses up to a maximum of €2,500.
- 5.2 MEDICAL
Unrecoverable medical expenses up to a maximum of €4,000 payable for any one injury.
 - (i) Physiotherapy, Osteopathy, Chiropractic, Sports Massages, Acupuncture etc. must be medically, prescribed and 90% of all costs incurred may be paid.
 - (ii) Travel Expenses and any medical aids are not covered under the Scheme.
- 5.3 LOSS WAGES
 - (i) Applicable to adults and under-age who are in employment and who have paid the €15 Subscription.
 - (ii) Unrecoverable loss of basic wages, excluding overtime, bonuses, unsocial working hours etc. are payable for a maximum of 20 weeks. Social Welfare and any other entitlements will be considered as recoverable income and will be deducted from the Basic Wage figure. The maximum benefit payable per week amounts to €200.
 - (iii) It is recommended that an under-age player in full or part time employment, pay the adult rate, as that would allow the player to claim loss of wages. The conditions in part (ii) also apply.

Exclusion:

- 6.1 The Scheme shall not apply in the case of a player/official
 - (a) who is injured during a game as a result of an assault wherein the claimant has been the aggressor.
 - (b) Whose injury arises from a pre-existing physical defect or infirmity or from the use of alcohol or drugs.
 - (c) Who may be pregnant, suffering from concussion etc. Should she play, shall do so entirely at her own risk and the Association cannot be held responsible for any consequences that may arise.
- 6.2 In the event of an application made by any member which in the opinion of Central Council is not a bon afide application and which is made for the purpose of obtaining payment to which they are not entitled, the application shall be declared void. Furthermore, Central Council shall be at liberty to suspend both the applicant and the persons who countersigned the application form for an indefinite period, and make an order for repayment of any monies that may have been made in respect of the application.

Claims Procedure:

- 7.1 A Treasurer shall be elected annually and shall be responsible for the day-to-day operation of Fund on behalf of Central Council.
- 7.2 All submissions of claims must be made within two months of the date of injury to the Treasurer.
- 7.3 Where a claim cannot be made within the two-month period, a preliminary Notification Form should be completed and forwarded to the Treasurer.
- 7.4 All forms are available from Clubs, County Boards or the Treasurer of Central Council and can be downloaded from the official Ladies Football website at www.ladiesgaelic.ie.
- 7.5 Claim Forms must be completed and signed by the injured player and counter signed by the Club Secretary as a declaration of authenticity. This must then be forwarded to the County Secretary and duly signed as a declaration that (s)he has been officially notified beforehand of the injury.
The claim documentation must incorporate:
 - (a) Loss of wages claims, Employers Certification stating the amount of loss of basic earnings together with the last four payslips.
 - (b) A copy of the Referee's Report if the injury was sustained in an official match.
 - (c) The official in charge of a team must sign the claim if the injury occurred in an official training session or challenge match.
 - (d) A letter from the appropriate Secretary as to whether permission had been granted for a challenge match if the injury occurred in a challenge match.
 - (e) All original receipts. Photocopies will not be accepted.
 - (f) If the applicant has suffered from a previous injury and received payment from the Accident Fund, the reference number from the claim should be included under Section 9 of the Application Form.
- 7.6 Where treatment is likely to exceed €200, prior permission must be sought from the Treasurer regarding the continuation of the treatment.
- 7.7 Any request for private treatment must be supported by documentation from a Medical Practitioner to show the reasons why private treatment is necessary.
- 7.8 If a submitted claim is not fully documented, the necessary documents may be requested by the Treasurer, or declared void.
- 7.9 All payments will be made directly to the applicant. Under no circumstances will payments be made to Clubs, County Boards or any institution involved in treating the injury.
- 7.10 Where claims are late being received by Central Council and if the delay is due to the Club or County Secretary, the Club or County Board may then be held responsible for the payment of the claim.
- 7.11 **GUIDELINES FOR PLAYERS**
Report any suspected injury.
When completing the Application Form, please print your name and address clearly under Section 1 so as to avoid confusion and misdirected mail. Keep (a) copy of everything forwarded re: claims and also (b) any correspondence received when claims are made.
- 7.12 **GUIDELINES FOR OFFICIALS**
Report injuries in writing to the appropriate County Secretary. Ensure that a plentiful supply of all forms are available.
Establish a register of claims to record when notification was received and when claims were received and forwarded.

