



# Cumann Peile Magh nEalta

Magh nEalta, Ceannanas, Co. na Mí



## Medical Insurance Policy and Procedures

The Club will provide reimbursement of Medical expenses to members under the following conditions:

- Claimant must be a fully paid up member at Juvenile or Adult level when the injury occurs.
- Only injuries arising from participation in Club activities (e.g., training/games) will be covered under this policy.
- Players and Mentors should take all reasonable precautions to ensure injuries are minimised (e.g., proper warmup and stretching before play, mandatory wearing of approved gum shields etc.).
- All injuries incurred during matches should be reported to the referee at time of injury.
- All injuries incurred during matches or training that require referral to a medical practitioner or A&E must be entered on the Moynalty GFC Accident/Incident report form at <https://forms.office.com/e/9D18pVru7T>
- Claimants who require medical treatment (apart from physiotherapy) **MUST** contact the Club's Insurance Officer John McCabe on 0871333157 within 30 days of the injury to ensure that the claim is registered with the GAA Injury Benefit Fund. If the injury is **NOT** reported within this timeframe the player will not be covered under this scheme. **This is the responsibility of the player.**
- If players have their own personal insurance, they **MUST** claim off their personal insurance first before claiming reimbursement from the club. They need to have a statement of account from their insurer to show what was covered and what was excluded from their policy.
- When submitting a claim to the Club, Claimants **MUST** ensure that they complete the 2 forms in appendix 1. The **Claimant's Declaration** form and the **Medical Certification** form must be fully completed and signed by the player. Please ensure that you get your doctor's signature and stamp on the medical certification form.
- Other Injuries: The GAA Injury Benefit Fund will be used to cover serious injuries. Members should make themselves familiar with the scheme and in particular the time limits for submitting claims. Claims should be made promptly and all invoices/receipts must accompany the claim. Payment will exclude policy excess. The Club Insurance Officer will take responsibility for processing all claims once submitted to the Club.

For more information <https://www.gaa.ie/my-gaa/administrators/gaa-injury-benefit-fund>

### Physiotherapy: The following rules will apply to physiotherapy needs:

- The Club have appointed 2 physio therapists that Players can use.
  - Ronan Carolan
  - Trevor Mulvaney
- Injured players requiring physiotherapy treatment must seek approval from a member of the Management Team prior to receiving treatment and notification should be sent to the Club's Insurance Officer John McCabe on 0871333157 by the Management Team.
- If a player needs to attend a different physio other than the 2 Club appointed physios, they need to request this change to the Club Insurance Officer, John McCabe on 0871333157. The player also needs to include a justification as to why they need to use a different physio.
- Maximum reimbursement costs for non Club Physio is €50.00 per visit.
- **Players who receive unapproved physiotherapy will NOT get reimbursed.**

**Moynalty GFC Executive Committee has the final decision in relation to all claims on a case-by-case basis.**



**MEDICAL CERTIFICATION – FOR COMPLETION IN ALL CASES BY THE DOCTOR/DENTIS ONLY WHO ATTENDED THE CLAIMANT.**  
Cost of completion of the Medical Section of this claim form must be borne by the claimant

Web Reference

Patient's Name

Patient's Date of Birth

Address

Please state specific diagnosis

Cause of disability and details of treatment administered / prescribed

Date of diagnosis

Date patient first consulted you for this disability

Date from which unfit for work

Date fit to return to work (if known) If unknown, please give estimate

Has the claimant ever had this or a similar disability/treatment before? Yes  No   
If Yes, please give date and detail

Please Indicate if this injury is GAA related Yes  No

Please indicate if the claimant has suffered an accidental bodily injury Yes  No

**Doctor's/Dentist's Declaration**

**I declare that to the best of my knowledge, the above information is accurate and correct and that the disability has been continuous as stated above.**

Name (block capitals)

Signature

Telephone Number

Date

**Stamp**  
(if no stamp available a business card or confirmation on the qualified practitioners headed paper must be submitted)

# GAA INJURY Benefit Fund

## Claimant's Declaration

I declare that to the best of my knowledge, the foregoing statements are true in every respect. I hereby authorise the doctor / dentist / hospital / employer / VHI / Laya Health Care / Irish Life Health / Department of Employment Affairs and Social Protection / Department for Communities to supply any information requested. I understand that any deliberate misstatement will void the claim in its entirety.

I am aware that the information I give on this claim form and any other form issued to me in connection with this claim and to any other information that I give in relation to this claim will be held and assessed by DWF Claims and the GAA.

By ticking this box, I consent for the purposes of the General Data Protection Regulation and the Data Protection Act 2018 to data concerning my health (e.g. nature of injury) to be processed by the GAA and DWF Claims in order to assess this claim.

(Please note, if you do not tick this box, your claim cannot be processed, as the nature of your injury is required).

I give my authorisation that any information pertaining to this claim may be provided, only when necessary to any persons deemed relevant by DWF Claims and /or GAA in assessment of this claim.

Name (block capitals)

Signature

Date

## Team Trainer's Declaration

I declare that the above-named claimant was injured as a result of participating in an Official Fixture as recorded in the Referees report.

Yes No

I declare that the above-named claimant was injured as a result of participating in an Official Supervised Training Session \ or an Official Sanctioned Match Challenge Match (delete as applicable)

Yes No

Name (block capitals)

Signature

Date

## Passed by Club Secretary \ Designated Injury Fund Administrator

I declare that the above-named claimant is a registered member who

was injured as a result of participating in an Official Fixture as recorded in the Referees report submitted.

Yes No

was injured as a result of participating in an Official Supervised Training Session \ or an Official Sanctioned Challenge Match (delete as applicable), letter submitted from Club Secretary \ Injury Fund Administrator on official club headed paper confirming same

Yes No

Membership number

Name (block capitals)

Signature

Date:

## **IMPORTANT NOTIFICATION**

The following Information is being provided to you as outlined in the General Data Protection Regulation. It is intended to inform you of how the Personal Data provided on this form will 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](mailto:dataprotection@gaa.ie)).

### **Who is the data controller?**

The GAA and DWF Claims are the joint Data Controllers of the Personal Data contained on this form.

### **What is the purpose of processing my 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 your consent.

### **Will anyone else receive a copy of my Personal Data?**

Your Personal Data will also be accessed by the GAA's Injury Fund Administrators, DWF based at 5 George's Dock, IFSC, Dublin 1.

### **Where is your Personal Data stored?**

Your 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 your Personal Data be stored for?**

Your Personal Data will be held for 7 years.

### **How can I obtain a copy of my Personal Data?**

You have the right to request a copy of all of your Personal Data and can do so by contacting us. This information will be provided to you within one month.

### **What are my privacy rights relating to my Personal Data?**

You have the right to have your Personal Data updated, rectified, or deleted in certain circumstances. You have the right to object to your Personal Data being processed and to withdraw your consent to processing - You can do so by contacting us.

### **Where can I get further information?**

Further information regarding your rights can be obtained through the **Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28** or on the website [www.dataprotection.ie](http://www.dataprotection.ie)

### **How do I make a complaint or report a breach?**

Should you wish to make a **complaint or report a breach** under in relation to your Personal Data, you can do so by filling in a webform on their website at [www.dataprotection.ie](http://www.dataprotection.ie), or by phone at 057 868 4800.