



Man O'War GFC

Player Injury Scheme

Created By	MOW Executive
Date	May 2025
Version	3.0
Status	Active

General Information

Man O'War GFC operates an injury scheme under the GAA & LGFA Injury Scheme. It is important to note that the Injury Scheme is not an insurance, and the Injury Schemes are there to supplement other covers that members have in place such as private health insurance and personal accident cover. In summary the GAA/LGFA Benefit funds are in place to cover benefits which cannot be claimed elsewhere. The Fund should not be used as a guarantee for the payment of expenses.

Important information to note :

Any person seeking to benefit from the Injury Benefit Fund must be a registered member of the Club and registered on Foireann at the date of injury.

- 1) It is the responsibility of each individual registered player or Juvenile players Parents to familiarise themselves with the terms and benefits of the GAA & LGFA Injury Benefit Fund.
Please review on GAA or LGFA website for most recent injury fund details and forms.
- 2) Report the injury as soon as possible in this order to:
 - a) Referee – to ensure that it is included on their report.
 - b) Team Mentor
 - c) Man O War Point of Contact
 - a. Man O War Club Treasurer (GAA related enquiries)
 - b. Man O War LGFA Club Secretary (LGFA related enquiries)

Who is Covered?

1. Registered Players
2. Registered Match Officials
3. Following Registered persons - Voluntary Coaches, team managers, selectors and members of official team parties injured.

What is covered?

- 1) Official competitive fixtures
- 2) Official Sanctioned Challenge matches
- 3) Official supervised collective training sessions

How to make a claim

Injury Fund – GAA

All claims must be notified via the Online Claims Portal by the Club Treasurer within **60 days** from the date of injury.

To make a claim:

- 1) Familiarise yourself with the terms and benefits of the GAA Injury Benefit Fund as outlined in the document GAA Injury Benefit Fund on GAA Website
- 2) Download and complete the relevant forms.
- 3) Complete the Player-Club Declaration, to be signed by Team Mentor/Coach.
- 4) A Referee's Report is required and must be supplied if an Injury occurred during an Official Fixture. A Club Letter is required on official club headed paper and must be supplied if an Injury occurred during an Official Supervised Training Session / Official Sanctioned Challenge Match. The club letter must detail the date and circumstances surrounding the injury. Contact treasurer.manowar.dublin@gaa.ie .
- 5) Submit relevant forms along with supporting documentation as outlined in the summary document to treasurer.manowar.dublin@gaa.ie .

Injury Fund – LGFA

All claims must be notified within **8 weeks** of the injury date by the LGFA Club secretary, regardless of whether the injury is considered serious or not.

To make a claim:

- 1) Familiarise yourself with the terms and benefits of the LGFA Injury Benefit Fund as outlined in the document Injury Fund - Ladies Gaelic Football on LGFA Website
- 2) Download and complete the relevant forms below:
 - a) Preliminary Claim Form – Should be submitted for any claim which is expected to exceed €200, treatment will not be completed within 8 weeks from the injury date or a claim where treatment is being pursued which requires prior approval (see here for details on prior approval).
 - b) Injury Claim Form (link to dropbox or LGFA website) – For treatments which are completed within 8 weeks from the date of injury, does not require prior approval (see here for details on prior approval) and is less than €200.
- 3) Submit form and relevant supporting documentation as outlined here to manowar.dublin@lgfa.ie.

ADDITIONAL INFORMATION:

- 1) If an injury is not reported to the Club within the specified time periods, a claim cannot be submitted to the relevant bodies. In addition, the Club will not accept liability for any medical expenses relating to the injury. Also please be conscious of the fact that Club officials work voluntary and may not be on-line to deal with your claim instantly so please allow at least 5 days before the deadline.
- 2) The first €100 of each claim is not covered under the GAA Injury Scheme (policy excess). This excess will be re-imbursed by the Club on successful approval, completion and payout by GAA injury scheme.
- 3) Players with private health insurance should, in the first instance, apply for refund of medical expenses from their own private health insurance or Pupil Accident Policy. A claim for otherwise non-refunded medical expenses (e.g. loss of wages) may then be lodged to the GAA Injury Scheme.
- 4) Any queries in relation to the Man O'War GFC policy regarding injury should be addressed to any Officer of the Club or your team mentor.

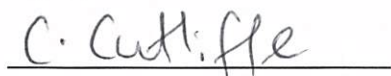
IMPORTANT LINKS: Check out GAA and LGFA websites

[GAA Injury Benefit Fund](#)

[Injury Fund - Ladies Gaelic Football](#)

The club's Executive Committee will be responsible for ensuring the guiding principles outlined in this policy are implemented and followed by all club members.

Signed:



Caroline Cutliffe
Chairperson

Date: 29.5.25



Tom Hoare
Secretary

Date: 27 May 2025



**MEDICAL CERTIFICATION – FOR COMPLETION IN ALL CASES BY
THE DOCTOR/DENTIST 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:



**LOSS OF WAGES CERTIFICATION –
FOR COMPLETION BY CLAIMANT'S EMPLOYER**

Web Reference

Employer's Name

Phone Number

Company Registration Number

Address

Employee's Name

Employee's RSI Number

Employee's RSI Class

Date Employment Commenced

Date Last Worked

Date of Notification of
Loss of Wages

Reason for loss of wages

Date returned to work

Amount of loss of Basic Nett
Weekly wages
(excluding overtime,
allowances etc.)

(Please attach 3 official payslips dated prior to the date of injury)

Is the above employee con-
tributing to a company VHI or
equivalent scheme? Yes ☐ No ☐

I hereby certify that the employee is at a loss of nett weekly wages and was in permanent employment of at least 16 hours on average per week prior to the loss and no sick pay scheme is in operation.

Personnel Officer's /
Managers Name
(block capitals)

Personnel Officer's /
Managers Signature

Date

Employer's Stamp
(if no stamp available
please attach a letter
on company headed
paper confirming the
above details)



**LOSS OF WAGES CERTIFICATION –
FOR COMPLETION BY SELF EMPLOYED CLAIMANT**

Web Reference

Claimant Name

Name of Company

Address

Nature Of Employment
Eg. Farmer, Solde Trader, Partnership

Amount of average nett weekly income €

Reason for loss of income

I declare that I am unfit for work following injury as a result of participating in Gaelic Football, Hurling, Handball or Rounders and unable to earn my average nett weekly income.

I attach

- (i) Confirmation from my accountant of my average nett weekly earnings for the 3 months prior to my date of injury (include Chartered Accountants Registration No)
- (ii) Details of my claim with the Department of Employment Affairs and Social Protection (residents of Republic of Ireland Only)
- (iii) Details of my claim with the Department of Communities (residents of Northern Ireland Only)
- (iv) Details (if applicable) of any benefit received from my Income Protection Policy

Signed

Date

Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



PRELIMINARY CLAIM FORM

All notifications must be received by the LGFA Injury Fund within 8 weeks of the date of injury

ALL TERMS AND CONDITIONS OF THE LGFA INJURY FUND MUST BE ADHERED TO IN ORDER FOR EXPENSES TO BE REIMBURSED. IT IS THE INJURED PARTY'S RESPONSIBILITY TO ENSURE THEY HAVE REVIEWED AND ADHERED TO THE TERMS OF THE LGFA INJURY FUND.

Name of injured party:

Club:

Address:

Player registration number

Telephone Number:

Date of Birth:

Email Address:

Claimants Playing Level at the time of injury

Adult ☐ Juvenile ☐

Employment Status (Please tick as appropriate)

Student ☐ Employed ☐ Self Employed ☐ Unemployed ☐

Private Medical Insurance: Yes ☐ No ☐ Medical Card No:

VHI: ☐ HSF: ☐

LAYA: ☐ Employer Medical Aid Scheme: ☐

Irish life: ☐ Schools 24/7 Personal Accident Policy: ☐

Other Insurance: (Please Specify)

Date of Injury: Nature of Injury (Example Head/Leg/Chest)

Brief Details of how injury occurred:

Injury occurred at the following:

Club: ☐ Training: ☐

County: ☐ Official Match: ☐

Signature of Injured Party:

Date:

Signature of Parent/Guardian of Under 18 player:

Date:

Signature of Club Secretary:

Date:

Signature of County Secretary:

Date:

Full TERMS AND CONDITIONS ARE AVAILABLE ONLINE AT LADIESGAELIC.COM/RESOURCES/INJURYFUND AND SHOULD BE REVIEWED BEFORE PROCEEDING WITH ANY TREATMENT YOU WISH TO HAVE REIMBURSED BY THE FUND.

Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



INJURY 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. ALL SIGNATURES MUST BE COMPLETED ON THE LAST PAGE OF THIS CLAIM FORM.

ALL TERMS AND CONDITIONS OF THE LGFA INJURY FUND MUST BE ADHERED TO IN ORDER FOR EXPENSES TO BE REIMBURSED. IT IS THE INJURED PARTY'S RESPONSIBILITY TO ENSURE THEY HAVE REVIEWED AND ADHERED TO THE TERMS OF THE LGFA INJURY FUND.

SECTION A

Claim number:

Name: (As per registration)

Date of Birth:

D M Y

Address:

Telephone Number:

Eircode

Mobile Number:

Player registration number

Email Address:

Registered with: Club

County

Are you involved with other sports: (Please Specify)

Employment Status (Please tick as appropriate)

Student ☐

Employed ☐

Self Employed ☐

Unemployed ☐

Private Medical Insurance: Yes ☐ No ☐

Medical Card No:

VHI: ☐

HSF: ☐

LAYA: ☐

Employer Medical Aid Scheme: ☐

Irish life: ☐

Schools 24/7 Personal Accident Policy: ☐

Other Insurance: (Please Specify)

THE INJURY FUND IS NOT AN INSURANCE SCHEME. PLAYERS WHO HAVE MEDICAL INSURANCE MUST CLAIM FROM THEIR POLICY AND SUBMIT A STATEMENT OF ACCOUNT OF THEIR MEDICAL CLAIM.

FULL TERMS AND CONDITIONS ARE AVAILABLE ONLINE AT LADIESGAELIC.COM/RESOURCES/INJURYFUND AND SHOULD BE REVIEWED BEFORE PROCEEDING WITH ANY TREATMENT YOU WISH TO HAVE REIMBURSED BY THE FUND.