Cumann Camógaíochta Inis Cartha

Bunaithe 1967

Dear Member, Player, Guardian,

Insurance

As you know, part of your club registration fee pays for personal accident insurance. The insurance policy for 2022/2023 (1st April 2022 – 31st March 2023) is held with Gogans Insurance Brokers and underwritten by Aviva. We do not expect any significant changes in the policy to put in place from 1st April 2023, but will update our members on same at that time. The current policy covers some of the medical costs incurred if a player or coach gets injured during the course of a match or training session (details on cover below). **Note that you are expected to claim through your own private health insurance (if in place), before claiming from the Aviva policy.** There is also an excess on each claim of €125 (€150 for dental) which you (and not the Club) are liable for yourself. The scheme is only available to paid up members of Inniscarra Camogie Club. **The Claimant and not the Club is responsible for submitting the claim to Gogans as set out in the attached "Procedure" document.**

The cover of the insurance policy is as follows:

- Physiotherapy – 10 visits or €500 per player per policy year (whichever is less). If you are making a claim for Physiotherapy costs**,** a referral letter from a Medical Practitioner (Doctor) is required, recommending that physiotherapy treatment was needed.
- Medical, Dental & Physiotherapy Expenses €10,000 (less excess of €125 (€150 dental)
- Temporary Total Disablement €350 per week up to 52 weeks (excluding the first 4 weeks and subject to the conditions set out in the Claim Form).
- Eye(s), Limb(s) & Permanent Total Disablement €130,000;
- Death €130,000 (€40,000 for juniors);

Following requests for advice on the procedure, the following was advised by Gogan Insurance in May 2019. Please note the requirements of same. In all instances, injuries that **may** result in a claim being submitted must be advised to the Team Manager/Coach as soon as possible (see time for processing of claims), who will inform the Club Secretary and Club Insurance Co-Ordinator, Eleanor Crowley.

Claims (both initial and final) must be sent directly by you within the required timeframe to Gogans for the attention of Louise Sykes at sportspa@gogans.ie and cc'd to Eleanor Crowley at eleanorcrowley2@gmail.com

Alternatively post to: Gogans (Att: Louise Sykes)
Unit A5 Nutgrove Office Park
Nutgrove Avenue
Rathfarnham
Dublin 14
Tel: (01) 2990299

Kind regards,
Elaine Buckley
Elaine Buckley
Chairperson, Inniscarra Camogie Club

Contact Details:

Inniscarra Camogie Club Secretary:	secretary.inniscarra.cork@camogie.ie
Inniscarra Camogie Club Insurance Co-ordinator:	eleanorcrowley2@gmail.com
Inniscarra Camogie Club Chairperson:	inniscarracamogie@outlook.ie

Cumann Camógaíochta Inis Cartha

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Procedure for making a claim against the Camogie Personal Insurance Policy

Initial Claim

The claimant (Parent/Guardian/Adult Player) must complete the first two pages of the Camogie Personal Accident Claim Form within the required timeframe (see below). **The Claimant and not the Club is responsible for submittingtheclaim to Gogans, asset outbelow.**

Please be aware of the following when submitting a claim:

- All claims must be ultimately notified to Aviva **within 60 days from the date of injury*** by sending at least the first 2 pages of the claim form fully completed to Gogans for the attention of Louise Sykes at sportspa@gogans.ie and cc'd to Eleanor Crowley, Club Insurance Co-Ordinator at eleanorcrowley2@gmail.com. Please read through the full claim form carefully so that you are aware of the information and documents that will be required when the final claim is being made**.**
- All medical expenses incurred are covered up to 12 months from the date of injury.
- The claimant has **15 months from the date of injury** to return the remainder of the claim form and all medical receipts.
- A reminder that this policy covers "accidental" injuries from playing/training camogie only, and gradual wear and tear injuries are excluded.
- All physio only claims must be medically prescribed first.

Please note any late claims will not be processed. The initial receipt of the claim must be notified by the Insurance Broker (Gogan) to the underwriters (Aviva) within 60 days from the date of injury. The claimant should have the form with Gogans (the Insurance Broker) at least 2 days before the insurer's deadline of 60 days expires

Final Claim- what is needed? (See detailed guidance for completing the form in Appendix 1)

When treatment for the injury is complete, if you have a private medical insurance policy, you must first process your claim through your medical provider. Remember to photocopy all your original receipts since these may not be returned to you by your medical provider. If you proceed with a claim through the Club, you will need either the originals or copies of all your receipts.

If proceeding with a final claim through the Club's Camogie Personal Accident Insurance Scheme, please take careful note of the following/checklist:

- Fill in all the claim form, including the first 2 pages again, ensuring that each section is fully completed. On page 2, include a detailed description of the injury and how exactly it happened. On page 7, make sure that a diagnosis/tentative diagnosis and treatment given/advised is recorded on this medical certificate page and that it is duly signed, dated and stamped.
- Detailed original/copies of all receipts.
- Statement of Benefit/Account from your Medical Health Provider (if applicable).
- Referee's report (if applicable).
- Camogie Secretary's letter (if applicable).
- Referral letter from a doctor, recommending that physiotherapy treatment was needed (if claiming for physiotherapy expenses).

Give all the necessary documents and completed Claim Form to the Club Insurance Co-Ordinator to be checked. If all is in order, the Club Chairperson and Club Secretary will sign the claim form. You must then submit all the documents to Gogans who will forward to Aviva to be processed.

Appendix 1

Detailed Guidance on completing the Claim Form

When submitting the claim form, please ensure the following sections / documentation are fully completed:

Section A:

- The exact date of injury must be noted.
- If the player holds private health insurance, she must submit **ALL** receipts through her Private Health Insurer first in order to obtain a statement / table of benefits.
- This statement must refer to each receipt submitted indicating the amount they will cover (if anything at all) under her policy. Please note a copy of her policy will not suffice.

Section B:

- The player must provide a brief description of how her injury occurred i.e. running for the ball and fell or collided with another player.
- Insurers will require a copy of the referee report. If the player was injured during club training, a letter on headed paper from the club secretary confirming details of her injury will suffice.

Section C-E:

- These sections need to be completed if the player is claiming for Loss of Earnings.
- The details of who can apply, how they apply, and the documentation required is detailed on Page 3 of the claim form.

Section F:

- This section must be completed by the medical practitioner who first attended the player's injury – **no details are to be completed by the club or claimant.**
- An official stamp is required for this section. If no stamp is available, a letter on headed paper from the medical practitioner confirming the details in Section F will suffice.

Section G:

- The section needs to be dated and signed by the player, the club secretary and the club chairperson.
- Please ensure to indicate to whom the cheque be made payable to.

Give all the necessary documents and completed Claim Form to the **Club Insurance Co-Ordinator** to be checked. If all is in order, the Club Chairperson and Club Secretary will sign the claim form. You must then submit all the documents to Gogans who will forward to Aviva to be processed.

AVIVA

GOGANS SPORTS PERSONAL ACCIDENT INSURANCE SCHEME

SECTION A – CLAIMANT & CLUB DETAILS

NAME OF CLAIMANT

NAME OF CLUB

FULL ADDRESS OF CLAIMANT

FULL ADDRESS OF CLUB

DATE OF BIRTH

TEAM GRADE

MOBILE NUMBER

EMAIL ADDRESS

EMPLOYMENT STATUS

Student ☐ Employed ☐ Self-Employed ☐ Not in Employment ☐

OCCUPATION

PRIVATE MEDICAL INSURANCE DETAILS – PLEASE ENSURE TO TICK BOX APPLICABLE TO YOU

Aviva Health ☐ VHI ☐ Laya ☐ GloHealth ☐ None ☐

Other

The Gogans Sports Personal Accident Insurance Scheme only provides cover for non-recoverable costs up to the limit specified under the scheme.
If you have medical insurance, a claim must be made with your Medical Provider.

Therefore you must supply a statement of account or letter confirming you are not covered for your medical costs from your medical provider. Failure to supply same will delay the assessment of your claim.

GOGANS

SECTION B – INJURY DETAILS

DATE OF INJURY **TIME OF INJURY**

LOCATION (Address)

AMOUNT BEING CLAIMED

Medical Expenses Prescribed Physio

Loss of W ages

EXACT NATURE & CIRCUMSTANCE OF INJURY (HOW PRECISELY DID THE INJURY OCCUR)

Where did the injury occur? Club Training Challenge Match

Official Game Other (specify)

Were you wearing Protective headgear at the time? Yes No

If No, please explain why:

ALL BENEFITS WILL BE HALVED IN THE EVENT THAT PROTECTIVE HEAD GEAR IN NOT WORN

Claimant 's Declaration

I hereby declare that to the best of my knowledge the foregoing statements are true in every respect.

I hereby authorise the doctor / dentist / physiotherapist / hospital / employer / Private Health Insurer / Dept. of Social Protection (or equivalent) to supply any information requested. I understand that any deliberate misstatement will void the claim in its entirety.

I consent for the purposes of the Date protection Acts, 1988 and 2003 to the information I give on this 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 being held and assessed by Aviva.

I give my authorisation that any information pertaining to this claim may be provided to any persons deemed relevant by Aviva in assessment of this claim.

To whom should the Settlement be made payable to

Relationship to the Claimant

Claimants Name (BLOCK CAPITALS)

Claimant's Signature

Date

NATURE OF YOUR CLAIM

Medical / Dental / Physio Expenses ☐ **Permanent Disability** ☐

Non recoverable medical expenses up to policy limit **excluding** the excess shown on the certificate of cover for each and every claim.

Loss of Wages (ONLY COVERED IF NOTED ON YOUR POLICY) ☐

In Relation to Claims for Loss of Earnings, please note the following:

Applicable to all Insured Persons over 18 years who are in full time employment working a minimum of 16 hours per week and is only payable if you are unable to work due to injury received in the course of playing/training the designated sport.
This Benefit shall pay for otherwise unrecoverable loss of basic net wage excluding overtime, bonuses and unsociable working hours and shall be payable for 52 weeks **excluding** the first four weeks.
Social Welfare shall be considered as recoverable income and will be deducted from the basic net wage figure.
Benefit is payable for each complete week (7 consecutive days) and no Benefit shall be payable for partial weeks.
Special Condition Applying to Benefit 6 Loss of Wages (Temporary Total Disablement)
The maximum benefit payable is as follows:

Weeks 1 to 4	Nil
Weeks 5 to 52	up to €350.00

SECTION C – LOSS OF WAGES CERTIFICATE – FOR COMPLETION BY A SELF-EMPLOYED CLAIMANT

NAME OF YOUR COMPANY	
ADDRESS OF YOUR COMPANY	
BUSINESS DESCRIPTION	
NATURE OF EMPLOYMENT	
REASON FOR LOSS OF INCOME	

Amount of Average Weekly Net Income	€
Weekly Net Wage Paid to Substitute Workers	€

I declare that I am unfit for work following injury as a result of participating in a match / training and unable to earn by average weekly income.

I attach

- **(i) Confirmation of my loss of net weekly wages from my accountant (include Chartered Accountant Registration number)**
- **(ii) Details of my claim with the Department of Social Protection (or equivalent)**

Signature	
Date	

SECTION D – LOSS OF WAGES CERTIFICATE – FOR COMPLETION BY CLAIMANT'S EMPLOYER

COMPANY NAME

PHONE NUMBER

EMAIL ADDRESS

POSTAL ADDRESS

EMPLOYEE'S NAME

EMPLOYEE'S PPS NUMBER

EMPLOYEE'S PPS CLASS

DATE EMPLOYMENT COMMENCED

DATE LAST WORKED

DATE OF NOTIFICATION OF LOSS OF WAGES

REASON FOR LOSS OF WAGES

DATE RETURNED TO WORK

€

Please attach 3 recent payslips or a letter from your Employer stating your net weekly wage.

Is the above employee contributing to company Health Insurance scheme **Yes** ☐ **No** ☐

I hereby certify that the employee is at a loss of net 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 / Manager's Name (BLOCK CAPITALS)

Personnel Officer / Manager's Signature

Date

Employers Stamp

(If no stamp available, please attach a letter on company headed paper confirming the above details)

SECTION E – SOCIAL WELFARE BENEFIT – FOR COMPLETION BY SOCIAL WELFARE OFFICE

NAME | **PPS NUMBER**

I certify that the above name has been in receipt of Illness Benefit for the period _____ to _____
at a rate of € _____ per week.

I certify that the above name is NOT entitled to Illness Benefit for the period _____ to _____

Official's Name **(BLOCK CAPITALS)** _____

Official's Signature _____

Date _____

Official Stamp _____

SECTION F – MEDICAL CERTIFICATE – FOR COMPLETION IN ALL CASES BY THE MEDCIAL PRACTITIONER WHO ATTENDED THE CLAIMANT

PATIENT'S NAME **DATE OF BIRTH**

PATIENTS ADDRESS

CAUSE OF DISABILITY AND DETAILS OF TREATMENT ADMINISTERED:

DATE OF DIAGNOSIS

IS THE INJURY CAMOGIE RELATED?

DATE OF FIRST CONSULT FOR INJURY

Date from when unfit for work **Date when fit to return to work (If unknown, please estimate)**

Has the Claimant received Physiotherapyfor this injury? **Yes** **No**

Was the Claimant referred for Physio by you? (Please include referral letter) **Yes** **No**

Do cto r / D ent ist / Ph ysiot h erapist ' s De cla ratio n

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.

Official's Name **(BLOCK CAPITALS)**

Official's Signature

Date

Official Stamp

(If no stamp is available, please attach a letter
On headed paper confirming the above details)

Telephone Number

SECTION G – DECLARATION – TO BE COMPLETED IN ALL CASES BY THE CLAIMANT, CLUB SECRETARY AND CLUB CHAIPERSON

Claimant's Declaration

I hereby declare that to the best of my knowledge the foregoing statements are true in every respect.

I hereby authorise the doctor / dentist / physiotherapist / hospital / employer / Private Health Insurer / Dept. of Social Protection (or equivalent) to supply any information requested. I understand that any deliberate misstatement will void the claim in its entirety.

I consent for the purposes of the Date protection Acts, 1988 and 2003 to the information I give on this 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 being held and assessed by Aviva.

I give my authorisation that any information pertaining to this claim may be provided to any persons deemed relevant by Aviva in assessment of this claim.

To whom should the Settlement be made payable to	
Relationship to the Claimant	
Claimants Name (BLOCK CAPITALS)	
Claimant's Signature	
Date	

Club Secretary's Declaration

I declare that the above named claimant was injured as a result of participating in an officially sanctioned game or training session.

Secretary's Name (BLOCK CAPITALS)	
Secretary's Signature	
Date	

Passed By the Club Chairperson

I declare that the above named claimant was injured as a result of participating in an officially sanctioned game or training session.

Chairperson's Name (BLOCK CAPITALS)	
Chairperson's Signature	
Date	

Sections of Claim Form to be Completed and Required Documents:

Claim Type A – Dental / Medical / Physiotherapy Claims

1. Section A – Claimant Details
2. Section B – Injury Details
3. Section F – Medical Certificate
4. Section G – Declaration
5. **Note for Physio Expenses Claims**: A referral letter from a Medical practitioner is required

Documents Required:

1. Claim Form
2. Receipts for Medical Treatments received
3. Details of any Private Health Insurance Cover applicable to this claim
4. Referee Report from Match where injury occurred. If injury occurred during training, letter of confirmation from club secretary required

Claim Type B – Loss of Wages (Temporary Total Disablement) – Employed Person

1. Section A – Claimant Details
2. Section B – Injury Details
3. Section D – Loss of Wages Certificate
4. Section E – Social Welfare Declaration
5. Section F – Medical Certificate
6. Section G – Declaration

Documents Required:

1. Claim Form
2. Receipts for Medical Treatments received
3. Letter from Employer to confirm dates not worked
4. Copies of Previous 3 Months Wage Slips
5. Copies of Social Welfare Benefit received or Confirmation of non-entitlement to cover
6. Details of any Private Health Insurance Cover applicable to this claim
7. Referee Report from Match where injury occurred. If injury occurred during training, letter of confirmation from club secretary required

Claim Type C – Loss of Wages (Temporary Total Disablement) – Self-Employed Person

1. Section A – Claimant Details
2. Section B – Injury Details
3. Section C – Loss of Wages Certificate
4. Section E – Social Welfare Declaration
5. Section F – Medical Certificate
6. Section G – Declaration

Documents Required:

1. Claim Form
2. Receipts for Medical Treatments received

4. Copies of Social Welfare Benefit received or Confirmation of non-entitlement to cover
5. Details of any Private Health Insurance Cover applicable to this claim
6. Referee Report from Match where injury occurred. If injury occurred during training, letter of confirmation from club secretary required