

**Nature of Possible Claim (tick as appropriate)**

Loss of Wages ☐

- Applicable to Adults/Youths who are in full time employment at date of injury ('employment' means - permanent gainful employment of not less than 16 hours per week).
- Benefit is payable for full weeks only up to a maximum of 52 weeks **excluding** the first week.
- The maximum benefit payable is as follows -  
 Week 1 - €Nil  
 Weeks 2 to 4 - Up to €200  
 Weeks 5 to 52 - Up to €400
- The Injury Scheme only provides cover for non-recoverable costs of nett basic wage (excluding overtime, bonuses, unsociable working hours, allowances etc.). Social Welfare/Income Protection and/or other entitlements will be considered as recoverable income and will be deducted from the basic nett wage figure.

Dental Expenses ☐

Non-recoverable dental expenses up to a limit of €4,500, **excluding** the first €100 of each and every claim

- Original receipts only will be accepted

Supplementary Hospital Benefit ☐

Benefit payable - €400 per days stay in hospital. Benefit only payable if stay is a minimum of 10 consecutive days up to a maximum of 15 days.

Permanent Disability ☐

Lifetime Disability Benefit - €300,000

Medical Expenses ☐

- If you have medical insurance e.g. VHI, Quinn Healthcare, a claim must be made with your medical provider. Otherwise unrecoverable medical expenses are covered up to a maximum of €4,500 (This benefit includes cover for MRI Scans up to a limit of €300 per scan and Post Operative treatment up to a limit of €320. A maximum benefit of €40 per any one treatment applies).
- The first €100 of each and every claim is excluded.
- Original receipts only will be accepted

(i) Capital Benefits

\*Permanent Total Disablement - €100,000

\*Loss of sight - €100,000

\*Permanent Partial Loss of Sight - Up to €100,000

\*Loss of Limb(s) - €100,000

\*Complete and incurable paralysis - €100,000

\*All above benefits Less any Loss of Wages Benefit claimed.

(ii) Death Benefit

Adult (or Married Youth) - €50,000

Youth - €25,000

**The above is purely a summary of benefits payable for assistance when completing this claim form.**

**Hurling Injuries Only (tick as appropriate)** Were you wearing a helmet with a facial guard that meets the standards set out in IS355 or other replacement standard as determined by the National Safety Authority of Ireland (NSAI)?

Yes ☐ No ☐

**Football Injuries Only (tick as appropriate)** Were you wearing a mouthguard that carries the CE Mark?

Yes ☐ No ☐

Date of Injury

 /  / 

Opposition

Nature of Injury

Brief Details of Circumstances



**Injury Occurred during (tick as appropriate)**

Official Match ☐

Official Training Session ☐

Challenge Match ☐

Claimants Signature

Date

 /  /