



Insurance

No claim will be processed by the club unless membership is paid in full.

Risk is an inherent factor in sport, as in life. When members voluntarily take part in Club activities, they accept the risks that such participation may bring. Insurance has been put in place to cover fully paid up members. The Insurance does not seek to fully compensate but to supplement other covers such as Private Health Insurance, National Health Insurance, Personal Accident Cover, Employment benefit covers, Income Payment protection covers. The Insurance only provides cover for otherwise unrecoverable losses up to the benefit limits. The Insurance should not be used as a guarantee for the payment of expenses. Ultimately, the responsibility to ensure that adequate cover is in place rests with the individual member commensurate with their specific individual needs.

1. Temporary Total Disablement only applies to people in full-time gainful employment and only covers their loss of actual earnings. In the event of a claim being made the Insurance Company will deduct any payments from the employer, Social Welfare and any other source and will pay the balance to bring the player to his/her average weekly wage, leaving the player in an equal (not better) situation so that the accident has not actually affected his/her earnings. Average weekly wage will be defined as the net wage for the six weeks prior to the date of the accident.

2. Medical Expenses claims are subject to an excess of €175 which also includes physiotherapy certified by a doctor up to a limit of €250 per player per year. Medical Expenses are payable for 12 months from the date of the first treatment and are irrecoverable expenses only, therefore if a player holds VHI, Laya or similar health insurance then they must pursue a claim under that policy first.

3. Cover for emergency dental treatment to a limit of €500. Attendance at a dentist must be within 48 hours of the accident. An excess of €150 applies.

5. Temporary Total Disablement is payable for 26 weeks immediately after the excess period. The excess period which applies to Everton is 2 weeks. The excess period starts immediately after the date of the accident.

Making A Personal Accident Insurance Claim:

1. Inform your manager of the injury immediately, or at the end of the game/training. All claims must be made within 30 days of the injury. The incident will then be reported to the Insurance Company through the club and your claim will be registered. No claim can be registered with the Insurance Company after 30 days and no compensation will be paid by either the club or the Insurance Company. Any notification to the Insurance Company after 30 days will require a written explanation from the club/ player giving a reason for the delay. Please note however that any claims more than 60 days from the date of the injury will render the claim void.

2. A claim form will be sent to the club which must be fully completed by you. The medical certificate must be completed by your doctor and the fully completed form should then be returned to the club to be counter signed before being returned to the Insurance Company (please note that if any questions on the claim form are left unanswered the Insurance Company will be unable to process the claim).

3. If you are claiming for medical expenses all original invoices are required by the Insurance Company with your claim form. If your treatment is ongoing you may send in additional invoices as your treatment continues. However, if you hold private medical insurance your claim must be submitted

to your private health insurer first. Any amounts not covered by that policy can then be claimed through the club's personal accident insurance subject to written confirmation from VHI, Laya etc of the payments made and/or declined.

4. If you are claiming for physiotherapy/chiropractic treatment this must be certified by a registered medical practitioner and is limited to €250 per player per insurance year. An excess of €150 applies.

5. If you go to a private clinic for treatment to an injury there is an excess of €100 on the policy which the club will refund to you. Any additional claims will have to be claimed from the Insurance Company.

If you are intending to claim for loss of earnings the following documentation is required:

1. 6 payslips for the 6-week period immediately prior to the date of the injury showing your net weekly wage. If you are self-employed a letter from your accountant on company headed paper will be required to confirm your net weekly earnings for the same 6-week period.

2. A photocopy of your most recent P60.

3. A signed letter from your employer on company headed paper detailing your entitlement to receive sick pay whilst absent from work (The Insurance Company reserve the right to contact your employer to verify the authenticity of this letter).

4. Confirmation from Social Welfare of your entitlement to receive illness benefit whilst unable to work as a direct result of your injury. If you are not entitled to receive this benefit you must obtain a letter from Social Welfare specifically stating that you do not qualify for illness benefit.

5. The Insurance Company will also request regular medical reports from your doctor giving an indication of the date you are expected to be fit to return to work.

6. Once all documentation has been received by the Insurance Company claims are usually processed within 14 working days. All correspondence proceeding, including payment(s), will be made directly to the claimant. Once your claim for loss of earnings has been processed and approved the Insurance Company will endeavour to issue payments on a fortnightly basis.

For the Avoidance of Doubt:

1. Going for physiotherapy/chiropractic treatment yourself is not covered. (reason; Not referred by a GP)

2. Asking for treatment or making a claim for an injury that occurred months ago (reason; Claims must be made within 30 days)

3. Any treatment for a pre-existing injury (reason; Pre-existing injuries are not covered by the Insurance company)

4. Limit on policy "physiotherapy/chiropractic treatment certified by a doctor limited to €250 player per year"

The Insurance Company or the club will be unable to process any claim unless all the relevant documentation has been received.

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