Limerick Athletic Club Medical Expenses Policy

Purpose

The purpose of this policy is to outline Limerick AC's approach to the reimbursement of medical expenses for club members injured while involved in an official club training session.

Document Control

Version Number	Date	Changes
Draft	10th December 2025	Creation of document
1.0	18th November 2026	Approval by Committee

1. **Introduction**
    a. Any medical expense claim made by a member of Limerick AC shall follow this policy to be eligible for reimbursement.

2. **Claims Process**
    a. In the first instance, all claims should be made via the club's insurance policy with AAI via Howden Insurance who are the current provider.
    b. Claims should be made using the form included in Appendix 1 of this document, or any updated form provided by the insurer.
    c. It is the athlete's / parent's / guardian's responsibility to complete this form.
    d. Receipts must be provided for all items claimed.
    e. A doctor must sign page 2 of the claim form before it is submitted to the club for processing.
    f. Completed forms should be given to the Treasurer who will then submit the claim on behalf of the club.
    g. All claim forms to be submitted to the Treasurer within 30 days of the last expense being incurred and no later than six months after the incident date.
    h. Expenses incurred after the six-month window may be dealt with via a second claim and only on a doctor's recommendation.

3. **AAI Claim Eligibility**
    a. Anyone wishing to make a claim must have their membership in good standing with the club at the time of the incident.
    b. Claims can only be made for incidents which occurred during sanctioned club training sessions and at approved club training times.
    c. Claims are limited to actual out of pocket expenses and shall not include amounts that can or have been claimed via the individual's own health insurance.

4. **Limitations & Exclusions to AAI policy**
    a. There is a €50 excess to all claims via the AAI policy
    b. Accident and Emergency charges are excluded as they are a tax levy.
    c. There is a €500 excess for damage to property
    d. Cover is up to €5,000 per person for medical and physio benefits. The physio benefit must be recommended by a medical practitioner and is limited to 6 visits.
    e. Claims can only be made for accidents which occurred during official club training sessions.
    f. Claims cannot be made for accidents that occurred during unofficial (i.e. personal) training runs, e.g. twisted ankle during road run.

5. **Expenses Reimbursement by Limerick AC**
    a. Expense reimbursement via the AAI policy is paid directly to the club.
    b. The Treasurer will reimburse the athlete / parent / guardian the amount received from the AAI policy within 7 days of the notification of the receipt of monies into Limerick AC's bank account.
    c. The athlete / parent is responsible for keeping copies of all documentation (including the medical signature on page 2 of the claim form), save the final signed claim form by the Club Secretary.

6. **Limerick AC Contribution**
    a. Limerick AC shall not be liable for any claims that cannot be made via the AAI policy.
    b. Limerick AC shall not pay the costs of any medical expenses as a result of an incident, regardless of their eligibility under the AAI policy.

7. **Record Retention**
    a. The Treasurer shall maintain a record of all claims to AAI.
    b. The Treasurer shall maintain a record of reimbursements and to whom they were paid.

Appendix 1 AAI Claim Form

HOWDEN

AIG EUROPE S.A.
30 North Wall Quay, International Financial Services Centre, Dublin 1.
Tel: +353 1 208 1400 Fax: +353 1 283 7773
E-Mail: postmaster.ie@aig.com

PERSONAL ACCIDENT CLAIM FORM

Please complete this form fully.
In the event of the Claimant being unable to sign the form, it should be completed and signed by a responsible person on his/her behalf.
Return to AIG immediately.

AIG®

1. INSURED

Name _____

Address _____

Policy Number _____

Day Time Phone No. _____ E-mail _____

Date Last Premium Paid _____

2. CLAIMANT

Name _____

Address _____

Date of Birth _____ Occupation _____

3. PARTICULARS OF ACCIDENT

Date and time of Accident / / Time ____:____ ☐ AM ☐ PM

Place accident occurred _____

How did the accident occur and what were you doing at the time?
(GIVE EXACT DETAILS)

_____

_____

_____

4. WITNESSES

Names, occupations and addresses of witnesses of the accident

_____

_____

Was the accident attended/investigated by the Gardaí? YES ☐ NO ☐
Name and station of investigating Garda

_____

5. INJURIES SUSTAINED

State fully the nature and extent of injuries

Have you before suffered similar injuries? YES ☐ NO ☐

Details _____

_____

_____

6. MEDICAL DETAILS

Were you taken to hospital YES ☐ NO ☐

Which hospital _____

As an in patient or an out patient

from / / to / /

Give name and address of medical practitioner who attended to you after the accident

_____

_____

Is the doctor your usual medical proctitioner YES ☐ NO ☐

How long have you been totally or partially disabled from engaging in or attending to your usual business as a result of the injuries

Totally: from / / to / /

Partially: from / / to / /

7. OTHER INSURER

Are you claiming or entitled to claim compensation for the accident from any other source?
YES ☐ NO ☐

If so give particulars _____

_____

Do you have a personal accident policy with any other company or society?
YES ☐ NO ☐

Company _____

I hereby declare the foregoing particulars to be true in every respect.

Signature _____ **Date** _____

MEDICAL AUTHORISATION

On production of this Authorisation, or a photocopy hereof, I authorise you to furnish AIG Europe S.A. with full reports on the condition of

_____

including the history of the complaint(s) which caused the above named to be admitted to hospital on

_____

Signature of claimant _____

Dated _____

NOTE *If the claimant is a child this authorisation should be signed by a parent*

AIG Europe S.A. is classified as a 'Data Controller'.

HOWDEN

MEDICAL CERTIFICATE

To be completed by the attending Doctor, and supplied at the expense of the insured

1.

Name of claimant _____

2.

When did the claimant first consult you in connection with this accident? _____

Please state fully the nature of the injuries sustained _____

_____

_____

Are the symptoms being suffered due to the accident alone? _____

3.

How long has the claimant been totally or partially disabled from engaging in or attending to usual business as the result solely of the injuries?

Totally: From _____ To _____ Partially: From _____ To _____

Is the claimant suffering from any disease in addition to the present injuries, or has he/she any phtsical defect?

_____

If so, state the nature of same, and to what extent the recovery may be affected by this

_____

_____

4.

General Remarks _____

_____

_____

_____

_____

_____

AIG Europe S.A. is classified as a "Data Controller" under Irish Data Protection Legislation. By providing your Personal Information to AIG or Personal Information regarding other individuals you represent that you have the authority to do so and consent to the collection and processing (including the disclosure and international transfer) of this Personal Information as stated in the Privacy Policy which is available at www.aig.ie, by e-mailing postmaster.ie@aig.com or by writing to the Data Protection Officer at AIG Europe S.A., Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

I certify that to the best of my belief the claimant above met with the accident referred to herein, and that the foregoing statements are correct.

Signature _____ Qualification _____

Address _____ Date / /