

## DECLARATION

## **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 of Communities 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 Data Protection Acts 1988 and 2003 to 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 being held and assessed by Willis Towers Watson and the GAA.

I give my authorisation that any information pertaining to this claim may be provided to any persons deemed relevant by Willis Towers Watson and /or GAA in assessment of this claim.

Name (block ca	pitals)					
Signature			Date	/	/	
I declare that the	<b>Injury Fund Administrat</b> above named claimant wa o Official Fixture as recorde	s injured as a result of	ees report.	Yes		No
participating in ar Challenge Match	above named claimant wa Official Supervised Traini (delete as applicable), lett nistrator on official club he	ng Session \ or an Offici er attached from Club Se	ecretary \	Yes		No
Claimant's Merr	nbership Number					
Name (block ca	pitals)					
Signature			Date	/	/	
Passed by County Secretary I declare that the above named claimant was injured as a result of participating in an Official Fixture as recorded in the attached Referees report. Yes No						
participating in a Challenge Match	above named claimant wa n Official Supervised Train n (delete as applicable), let inistrator on official club he	ing Session \ or an Offic ter attached from Club S	ecretary \	Yes		No
Name (block ca	pitals)					
Signature			Date	/	/	