

DECLARATION

Web	Reference	

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	Injury Fund Administrat above named claimant wan Official Fixture as recorde	s injured as a result of	es report.	Yes		No	
participating in ar Challenge Match	above named claimant wan Official Supervised Traini (delete as applicable), lett nistrator on official club he	ng Session \ or an Officia	cretary \	Yes		No	
Claimant's Men	nbership Number						
Name (block ca	pitals)						
Signature			Date		/ /		
	nty Secretary above named claimant wan Official Fixture as recorde	•	es 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 Offici ter attached from Club So	ecretary \	Yes		No	
Name (block ca	pitals)						
Signature			Date		/ /		