



# **GAA Claims Reporting Application**

## User Manual

**Willis**

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## Log On

Go to <https://gaa.willis.ie>

Enter your credentials – username and password

Read the Terms & Conditions and tick the box confirming you accept them.

Click Log On

**Account Information**

User name

username

Password

●●●●●●●●





☒ I accept the Terms & Conditions listed [Here](#)

Log On

## Create a New Claim

On the Claims Index page, click "Create New"

# INJURY CLAIM NOTIFICATION

Web Reference	Incident Date	Report Date	Player Name
No records to display.			
   			
<a href="#">Create New</a>			

Fill in the claim form and click "Report Injury"

 INJURY CLAIM NOTIFICATION



Claimant Details	Incident Details
<p>Player Name <input type="text" value="John Smith"/></p> <p>Membership Number <input type="text" value="A1234"/></p> <p>County <input type="text" value="Dublin"/></p> <p>Club <input type="text" value="Round Towers Lusk"/></p> <p>Team <input type="text" value="Football Senior"/></p> <p>Date Of Birth <input type="text" value="14/01/1980"/></p> <p>Address <input type="text" value="123 Main Street"/> <input type="text" value="Lusk"/> <input type="text" value="Co. Dublin"/></p> <p>Email Address <input type="text" value="johnsmith@somedomain.com"/></p> <p>Telephone Number <input type="text" value="01 123456"/></p> <p>Occupation <input type="text" value="Electrician"/></p> <p>Employment Status <input type="text" value="Self Employed"/></p> <p>Medical Insurance Type <input type="text" value="Aviva Health Insurance"/></p> <p>Medical Insurance Plan Name <input type="text" value="Health Starter"/></p>	<p>Incident Date <input type="text" value="09/10/2012"/></p> <p>Incident Occurred During <input type="text" value="Training Injury"/></p> <p>Describe Circumstances <input type="text" value="Player tackle"/></p> <p>Injury Type <input type="text" value="Leg"/></p> <p>Injury SubType <input type="text" value="Broken Bone/Fracture"/></p> <p>Hurling Injury <input type="text" value="No"/></p> <p><b>Nature of Possible Claim</b></p> <p><input checked="" type="checkbox"/> Loss Of Wages      <input checked="" type="checkbox"/> Medical Expenses <input type="checkbox"/> Dental Expenses      <input type="checkbox"/> Supplementary Hospital Benefit <input type="checkbox"/> Permanent Disability</p> <p><a href="#">(Click here for a detailed explanation of these items)</a></p>


\* Please note, once submitted, this claim cannot be modified without contacting Willis.

[Report Injury](#) [Cancel](#)

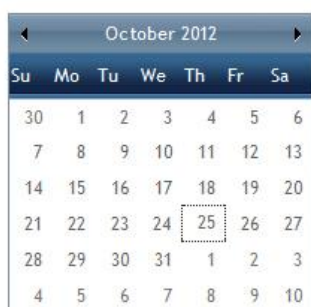
Welcome   
(Options) (Log Off)

## Using Calendars and Entering Dates

Data can be entered in the “Date of Birth” and “Incident Date” fields in two ways:

- 1) By typing a date in the format DD/MM/YYYY. For example 14/01/1980  
or
- 2) By clicking the Calendar Icon 

When you click the calendar icon, the calendar control appears



By clicking on the top bar of the calendar you can access months (see image below). Click again and you can access years. A third click will allow a wider range of years to select from. Use the arrows on the top corners of the calendar to move backwards and forwards.



## The Claims Index View

 **INJURY CLAIM NOTIFICATION**



	Web Reference	Incident Date	Report Date	Player Name	Club	County	Status
✓	1000	09/10/2012	25/10/2012	John Smith	Round Towers Lusk	Dublin	Willis Acknowledgement
!	1001	17/10/2012	25/10/2012	John Murphy	Round Towers Lusk	Dublin	Documents Required

 < < 1 > > Displaying items 1 - 2 of 2

Create New

Welcome=====

[\(Options\)](#) [\(Log Off\)](#)

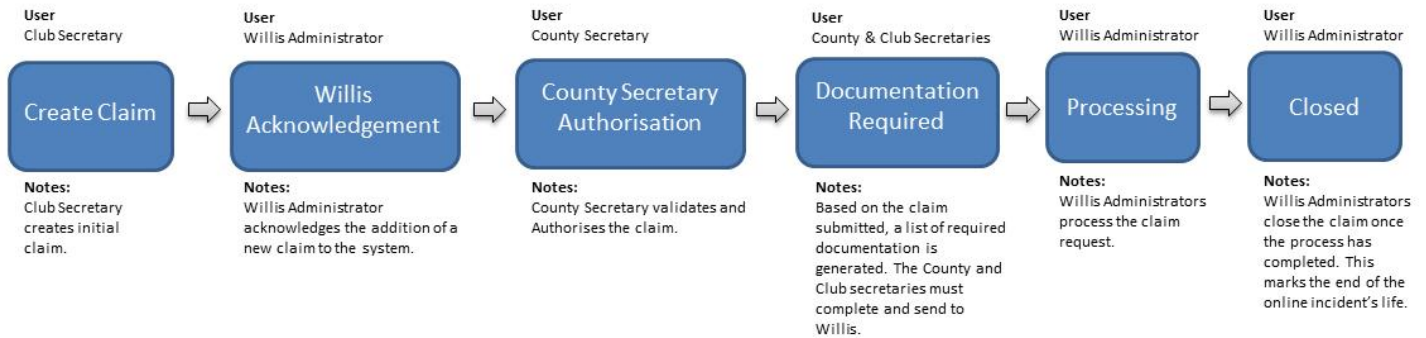
In the example above, there are two claims in the system with Web References 1000 and 1001.

The green tick beside claim 1000 indicates that no action is required on this claim - see the claim's status (the last column on the right) – in this case the Willis Administrator needs to acknowledge this claim.

The red exclamation mark beside claim 1001 indicates the secretary logged in needs to act on this claim - see the claim's status (the last column on the right) – in this case there is outstanding documentation required.

## The Claim Lifecycle

The following diagram shows the online claim's lifecycle and the different states it can be in, from creation to closure.



- 1) The Club Secretary creates a claim.
- 2) The Willis Administrator acknowledges the addition of a new claim to the system.
- 3) The County Secretary validates and authorizes the claim.
- 4) Based on the claim submitted, a list of required documentation is generated. The County and Club Secretaries must work with the claimant to complete and send this documentation to Willis.
- 5) Willis administrators process the claim request
- 6) Willis administrators close the claim once the process has completed. This marks the end of the online incident's life.

## Viewing a Claim

To view a claim, simply click on it (when in the claims Index view)  
To return to the Claims Index view, click the “Cancel” button.

# Willis INJURY CLAIM NOTIFICATION



Claimant Details		Incident Details	
Web Reference	1000	Status	Willis Acknowledgement
Player Name	John Smith	Incident Date	09/10/2012
Membership Number	A1234	Incident Date	25/10/2012
County	Dublin	Opposition County	
Club	Round Towers Lusk	Opposition Club	
Team	Football Senior	Incident Occurred During	Training Injury
Date Of Birth	14/01/1980	Describe Circumstances	Player tackle
Address	123 Main Street	Injury Type	Leg
	Lusk	Injury SubType	Broken Bone/Fracture
	Co. Dublin	HurlingInjury	No
Email Address	johnsmith@somedomain.com	CE Helmet Worn	No
Telephone Number	01 123456	CE Helmet Modified	No
Occupation	Electrician		
Employment Status	Self Employed		
Medical Insurance Type	Aviva Health Insurance		
Medical Insurance Description	Health Starter		

Nature of Possible Claim			
Loss Of Wages	Yes	Dental Expenses	No
Permanent Disability	No	Supplementary Hospital Benefit	No
Medical Expenses	Yes		

Cancel

Welcome (Options) (Log Off)



## Updating a claim's status (County Secretaries Only)

In this example we are logged in as the Dublin County Secretary. As shown, the status requires that the County Secretary approves this claim. To approve this claim, click the "Approve" button.

### INJURY CLAIM NOTIFICATION



#### Claimant Details

Web Reference	1001
Player Name	John Murphy
Membership Number	B1234
County	Dublin
Club	Round Towers Lusk
Team	Football Senior
Date Of Birth	14/02/1980
Address	132 Main Street Lusk Co. Dublin
Email Address	johnmurphy@somedomain.com
Telephone Number	01 54321
Occupation	Engineer
Employment Status	Employed
Medical Insurance Type	None
Medical Insurance Description	None

#### Incident Details

Status	County Secretary Approval
Incident Date	17/10/2012
Incident Date	25/10/2012
Opposition County	Carlow
Opposition Club	Ballinabranna
Incident Occurred During	Official Match
Describe Circumstances	player twisted back
Injury Type	Back
Injury SubType	Muscle Strain
HurlingInjury	No
CE Helmet Worn	No
CE Helmet Modified	No

#### Nature of Possible Claim

Loss Of Wages	Yes	Dental Expenses	No
Permanent Disability	No	Supplementary Hospital Benefit	No
Medical Expenses	No		

Welcome   
(Options) (Log Off)

## Required Documentation

When both Willis and the County Secretary have authorized and approved a claim it enters the “Documents Required” state.

The County Secretary and/or the Club Secretary work with the claimant to produce the required documentation. When a claim is in this state, a table will be visible listing the documents that need to be sent to Willis. Where available, forms can be downloaded by clicking the “Download” buttons.

Claimant Details		Incident Details	
Web Reference	1001	Status	Documents Required
Player Name	John Murphy	Incident Date	17/10/2012
Membership Number	B1234	Incident Date	25/10/2012
County	Dublin	Opposition County	Carlow
Club	Round Towers Lusk	Opposition Club	Ballinabranna
Team	Football Senior	Incident Occurred During	Official Match
Date Of Birth	14/02/1980	Describe Circumstances	player twisted back
Address	132 Main Street	Injury Type	Back
	Lusk	Injury SubType	Muscle Strain
	Co. Dublin	HurlingInjury	No
Email Address	johnmurphy@somedomain.com	CE Helmet Worn	No
Telephone Number	01 54321	CE Helmet Modified	No
Occupation	Engineer		
Employment Status	Employed		
Medical Insurance Type	None		
Medical Insurance Description	None		

Nature of Possible Claim			
Loss Of Wages	Yes	Dental Expenses	No
Permanent Disability	No	Supplementary Hospital Benefit	No
Medical Expenses	No		

Required Documentation		
1	Declaration - To be completed in all cases.	<a href="#">Download</a>
2	Employee Loss of Wages Certification.	<a href="#">Download</a>
3	Social Welfare / Statutory Sick Pay Certification	<a href="#">Download</a>
4	Copies of three payslips confirming the claimants nett weekly wage immediately prior to the date of injury.	
5	A copy of the official referee's report outlining the circumstances of the injury and confirming that the injury occurred during an official match.	

[Cancel](#)

Welcome   
(Options) (Log Off)

Once Willis receives all documentation, the claim is moved to the “Processing” state.