

# RIDERS BENEVOLENT FUND

of

MotorCycling Ireland

## BENEFIT APPLICATION FORM

Return to: Mr Trevor Callagahn, 1 Goldsmith, Monerad, Naas, Co Kildare

<p>Name of Claimant.....</p> <p>Address:.....</p> <p>.....</p> <p>Phone..... S/C Lic No.....</p> <p>email.....</p> <p>No. of dependants: Adult [ ] Children under 18 [ ]</p> <p>Relationship of adult dependant.....</p> <p>Note: Payment of benefit is limited to 1 adult dependant.</p>	<p>Event at which the injuries were sustained</p> <p>Promoting Club.....</p> <p>Type of event.....</p> <p>Venue.....</p> <p>Date injured.....</p> <p>Injured during: Practice [ ] Race [ ]</p>
<p>Hospital where treated and/or Name and Address of own Doctor attended.</p>	<p>Brief description of the injuries</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Note: A separate medical certificate must be provided in support of this claim. See item 1 below.</p>

### AGREEMENT and DECLARATION: Must be signed.

By making this claim, I agree the Trustees or their nominee may discuss this case with the relevant Doctor or Hospital personnel and that the Trustees or their nominee may refer me to a doctor or specialist of their choice.

I have read the foregoing and declare the information I have furnished here is correct to the best of my knowledge.

Signature of claimant..... Date.....

Signature of Parent or Guardian..... Date.....  
(Where the claimant is under 18 years of age)

### THE FOLLOWING SUPPORTING DOCUMENTS ARE ENCLOSED. (Tick the boxes).

- |    |   |                          |
|----|---|--------------------------|
| 1. | A medical certificate showing the period of disability.   | <input type="checkbox"/> |
| 2. | Written confirmation from the promoting club of the injuries occurring at their event as claimed. On official club notepaper and signed by the event Secretary or the C o C                             | <input type="checkbox"/> |
| 3. | For other than M.C.I. events, evidence that the claimant has previously contributed to the fund, e.g. confirmation by an M.C.I. club of the claimant having participated in an event promoted by them.. | <input type="checkbox"/> |

FOR OFFICIAL USE ONLY		Claim No.
Date form received.....	Med Cert enclosed [ ]	Club confirmation enclosed [ ]
(1). Benefit paid.for ..... wks	= €.....	Cheque No.....
(2). Benefit paid.for ..... wks	= €.....	Cheque No.....

(1)	Date paid.
(2)	