

ALL INDIA FOOTBALL FEDERATION

National Team Players & Staff Benefits Policy

1. Purpose

The purpose of this policy is to create a support system for football players and technical staff who have served Indian National Teams who may require support related to hospitalization costs and/or their families in the event of death.

2. Definitions

For the purpose of this policy, technical staff shall mean the following roles only:

- i) Head Coach
- ii) Assistant Coach
- iii) Goalkeeping Coach
- iv) FIFA Referees/FIFA Assistant Referees

3. Scope

- In the event of untimely demise or other health conditions of an ex-player or a technical staff member, where financial support is required, AIFF has laid down certain guidelines to apply for the said financial support.

4. Eligibility

- This policy is applicable to support players and technical staff who have served the Indian National Team from 1950 onwards, after their retirement from active sports. The eligibility criteria has been divided into categories as defined below:

i) CATEGORY 1

This category shall comprise of players & technical staff who have been a part of the Indian National Team squad (Senior and/or U-23) in at least one of the following main tournaments:

- FIFA World Cup
- AFC Asian Cup
- Asian Games
- Olympic Games
- SAFF

ii) CATEGORY 2

This category shall include all players & technical staff not included in Category 1, but who have been a part of the Indian National Team squad (Senior and/or U-23) in at least 1 of the following competitions:

- FIFA WC Qualifiers
- Olympic Games Qualifiers
- AFC Asian Cup Qualifiers
- Invitational competitions like Merdeka Cup, King's Cup, Intercontinental Cup, etc.
- International Tier 2 matches that do not fall under Category 1 (specified above)

iii) CATEGORY 3

This category shall include all youth players and technical staff who are not in Category 1 or Category 2 and have been part of Indian National Team squad (Youth) in one of following competition qualifiers or main tournament:

- Age-Group FIFA World Cup,
- Age-group AFC Asian Championship/Cup,
- SAFF

- The above categories have been further bifurcated into levels as mentioned herein. All players and technical staff should have played / participated in a certain number of matches in their respective category to be eligible to claim benefits as per this policy. The levels are as follows:
 - a) Level A: 20 matches and above
 - b) Level B: 6-20 matches
 - c) Level C: 0-5 matches

5. Process

i) Hospitalization& Medical Treatment

- Any player or staff who wishes to apply for the support needs to fill in the form (provided in Annexure A)
- The form shall have to be counter-signed by the advising doctor/medical practitioner, along with their registration number, without which, the application maybe rejected.
- The form needs to be submitted to AIFF via courier or registered post, or in person within 30 days of the diagnosis/treatment. The duly signed form may also be scanned and sent over e-mail to helpdesk@the-aiff.com.
- Copies of fully itemized medical bills to be submitted along with the form. The bills **must** show the patient's name, date of treatment, the type of treatment given, the diagnosis or nature of condition being treated and the Hospital/Nursing Home's name and address.
- Documents in addition to the above may be sought at AIFF's discretion.
- AIFF may choose to cover all or part of the treatment cost, at its discretion subject to clause 5. The same shall be notified on a best effort basis to the concerned party within 15 days of receipt of duly filled in form.
- In case of long-term illnesses, AIFF may also seek submission of all historical medical records as well.
- In case of emergency funds for medical costs, the individual can share the application form along with cost estimation from the hospital. AIFF shall make all efforts to assist the player/staff on priority.

ii) Demise

- In case of untimely demise of a former player or technical staff, the immediate family shall be eligible to seek monetary support up to an amount of INR 2 lacs which shall be paid to them (in lump sum or a course of certain months/years). This applies to all levels and categories of players and staff.

- Family shall include surviving parents, spouse or dependent children (up to 25 years of age) only.
- The family is required to submit death certificate within 60 days to be eligible for the compensation. The family is also required to furnish proof of their relation to the departed.
- Documents in addition to the above may be sought at AIFF's discretion.
- Players and staff who have served the Indian National Team only, shall be eligible for such support.

6. Corpus

The maximum amount of support towards benefits for hospitalization or medical treatment shall be based on the categories specified in section 3 of this policy. The table below reflects the maximum eligibility of a player for that particular category & level and is no way indicative of the final amount to be disbursed.

Levels / Categories	Category 1	Category 2	Category 3
Level A	Upto INR 8 lacs	Upto INR 5 lacs	Upto INR 3 lacs
Level B	Upto INR 5 lacs	Upto INR 3 lacs	Upto INR 2 lacs
Level C	Upto INR 3 lacs	Upto INR 2 lacs	Upto INR 1 lac

7. Guidelines

- For major surgeries or other medical categories which may require support for ongoing treatment beyond the limits specified, special approval shall be sought from GS on case-to-case basis.
- AIFF may also seek proof of having served the National Team and the number of matches played from players & technical staff or their family members. In the event of any discrepancy in data, AIFF reserves the right to decline extending any form of benefit.
- Only direct bank transfers shall be done; therefore, a cancelled cheque must be submitted along with the medical bills and reports. The bank account must belong to the player/staff, except for death cases, where the bank account of the immediate family submitting the claim shall be accepted.
- AIFF reserves the right to refer the beneficiary for a second opinion to a medical examiner of practitioner of their recommendation. Costs towards such examination will be reimbursed by the Federation if the original claim is upheld.

8. Deviation

Any deviation to this policy shall require prior written approval from the General Secretary of AIFF.

9. Policy Status:

This policy is effective from July 20, 2021. AIFF reserves the right to update, modify and withdraw this policy at any time without prior notice. This policy shall supersede any other document previously circulated on this topic.

ANNEXURE A

Name of Patient:	
Occupation :	
Date of Birth:	Present completed age: ____
Address and phone number :	
1. Nature of sickness /disease/injury claimed for :	
Date on which Injury was sustained or disease or illness first detected : _____	
Date of first consultation : _____	
Name, Address, Telephone No. of Doctor Consulted : _____	
Registration Number of the Doctor consulted: _____	
Qualification of the Doctor Consulted : _____	
2. Have you had any prior treatment for this or related conditions? NO () YES ()	
Doctor's Name :	Qualification :
Address & Telephone:	Date(s)

3. Have you made any insurance claim as a result of this hospitalization/surgery? NO () YES ()

Name of Insurance Company :

Policy No. :

4. Was the hospitalization/surgery a result of an accident? NO () YES ()

5. Place of Accident _____ Date of Accident _____

6. Details of hospitalisation

Name of Hospital / Nursing Home	Address	Date of Admission	Date of Discharge

7. EXPENSES

Date	Nature of expenses incurred	Billed By	Amount (Rs)
		Total	

(If space is insufficient, please attach separate list)

In support of the above claim, I enclose the following original documents (Please tick)

- Hospital Discharge Card
- Bills, Cash Memos, Receipt from Hospitals
- Cash Memos, Receipts from Pharmacists, Pathology and Investigation Centres
- Bills, Cash Memos, Receipts from Attending Doctors, Surgeons, Anesthetists
- Doctor's prescriptions for medicines, pathological tests, hospitalisation, surgery, physiotherapy
- Any other documents. Please specify

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and I/We agree that if I/We have made, or in any further declaration AIFF may require, shall make any false or fraudulent statement, or any suppression or concealment, AIFF may withdraw or negate the benefits extended and all rights to recover thereunder in respect of past or future claims shall be forfeited

AUTHORISATION

I HEREBY AUTHORISE on behalf of _____: (1) Any employer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the patient and/or who has attended or may hereafter attend the patient to disclose such information to AIFF; (2) or any medical practitioner or hospital or laboratory chosen by AIFF to perform the necessary medical assessment and tests to evaluate the health status of the patient in relation to this claim. This authorisation shall bind the patient's successors and remains valid notwithstanding death or incapacity. A photocopy or facsimile copy of this authorisation shall be as valid as the original.

Date:

Signature
of
Claimant:

Place:

ATTENDING PHYSICIAN INFORMATION

Name of Attending Physician: _____ Phone No. _____

Registration No.: _____

Address: _____

I certify that the above named patient _____, was seen by me on _____ and has been fully cured of the sickness/injury claimed for, which first incurred on _____

SIGNED (Attending Physician) _____

(Please also use seal)

DATE ___/___/___