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DISABILITY INCOME INSURANCE

How to File a Disability Income Claim

Your disability plan helps protect your income in the event of a disabling illness or injury. If you become disabled, please follow the instructions below on how to file a claim with United of Omaha.

In order to process your claim timely, all five sections of the claim submission must be completed and signed:

1. **Section 1:** Employee statement including authorizations to release information
2. **Section 2:** Employer's statement
3. **Section 3:** Job Analysis
4. **Section 4:** Employer's Signature and Attachments
5. **Section 5:** Attending Physician's Statement



Filing Forms

Find the Disability form online:
www.mutualofomaha.com/support/forms

On the forms page, select I am a Plan Member (Employee) and choose your state. Under Disability Forms, select "Disability Claim Form".

If you file online, select "Online Short-Term Disability Claim Form — Employee Statement."

Or, contact your HR Department.



Filing Options

Fax/Paper

1. Select "Disability Claim Form" and print.
2. Complete your section and have your employer and physician complete their sections, sign.
3. Fax pages to Mutual of Omaha at 402-997-1865.

Or, scan the completed and signed forms and email to:
newdisabilityclaim@mutualofomaha.com

Online

1. Select "Online Short-Term Disability Claim Form — Employee Statement."
2. Complete the online form by providing all requested information. We only accept Section 1 (Employee Statement) online.
3. Provide your physician's contact information (phone, fax, address) in the required field.
4. Select "Submit."
5. Print "Authorization to Disclose Personal and Health Information" forms.

Complete, sign and fax to 402-997-1865.

Or, scan the completed and signed forms and email to:
newdisabilityclaim@mutualofomaha.com

Employee Portal

1. Visit mutualofomaha.com/my-benefits. Register for an account or log in with your credentials.
2. Click on the "submit claim" icon on the portal homepage.
3. On the forms page, select "I am a Plan Member (Employee)" and choose the relevant state.
4. Select the necessary form, then select "Complete form online".

Phone

1. Call 1-800-877-5176 to start the claims process.
2. A customer service representative will complete Section 1 (Employee Statement) with you.
3. Provide your physician's contact information (phone, fax, address).
4. After the call, print "Authorization to Disclose Personal and Health Information" form.
5. Complete, sign and fax to 402-997-1865.

Or, scan the completed and signed forms and email to:
submitgrpdisinfo@mutualofomaha.com

Or, mail them to:
United of Omaha Insurance Company
Group Insurance Claims
3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

*Mutual of Omaha will fax an Attending Physician Statement to your physician once their information is received.

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