

Disability Income Insurance

How to File a Disability Income Claim

Blume Mechanical
Group #BBR8

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 Mutual 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

Finding 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](tel: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](tel:402-997-1865).

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

Phone

1. Call [1-800-877-5176](tel:1-800-877-5176) to start the claims process 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](tel:402-997-1865).

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

Or, mail them to:

Mutual of Omaha Insurance Company
Group Insurance Claims
3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001

