

# 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](http://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

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

Or, scan the completed and signed forms and email to: [newdisabilityclaim@mutualofomaha.com](mailto:newdisabilityclaim@mutualofomaha.com)

### Online

- Select "Online Short-Term Disability Claim Form — Employee Statement."
- Complete the online form by providing all requested information. We only accept Section 1 (Employee Statement) online.
- Provide your physician's contact information (phone, fax, address) in the required field.
- Select "Submit."
- 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](mailto:newdisabilityclaim@mutualofomaha.com)

### Employee Portal

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

### Phone

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

Or, scan the completed and signed forms and email to: [submitgrpdisinfo@mutualofomaha.com](mailto:submitgrpdisinfo@mutualofomaha.com)

Or, mail them to:

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



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