

How to File a Short-term Disability Claim



Your short-term disability plan helps protect your income in the event that you experience a disabling illness or injury. Short-term disability insurance can provide benefit payments when you're unable to work, allowing you to maintain a level of financial security for you and your family.

If you become disabled, the instructions below provide essential information to file a claim and authorize your physician to provide supporting medical information.



FILING OPTIONS:

TELEPHONIC

1. Call to file your claim with a disability customer service representative:
2. The customer service representative will complete the *Telephonic Claim* form. You will need to provide your personal information as well as your injury/illness.
3. Following the call, Mutual of Omaha will mail you an *Authorization to Disclose Personal Information* form. This form can also be found at: www.mutualofomaha.com/customer-service. Complete, sign and submit the form to Mutual of Omaha. The form can be faxed to: 402.997.1865 or emailed to: newdisabilityclaim@mutualofomaha.com

WEB

1. Find the *Short-Term Disability Notification* option at: www.mutualofomaha.com/customer-service
 - In the Forms tab choose your employer situs state and click “Get Forms.”
 - Under Disability Forms, select *Short-Term Disability Claim* form.
2. Complete the online form by providing the requested information. You will also need to provide your physician or health care provider's contact information (phone, fax and mailing address).
3. Select “Submit” and you will receive a successful transmittal message.
4. Following claim submission please print the *Authorization to Disclose Personal Information Mutual and United* form (in the Disability section). Complete, sign and submit the form to Mutual of Omaha. The form can be faxed to: 402.997.1865 or emailed to: newdisabilityclaim@mutualofomaha.com

PAPER

1. To obtain the *Short-Term Disability Claim* form:
2. Complete the *Employee's Claim Statement* in full.
3. Complete and sign the *Authorization to Disclose Personal Information* form.
4. Send completed forms to Mutual of Omaha by fax: 402.997.1865 or email: newdisabilityclaim@mutualofomaha.com
5. Provide a copy of the *Authorization to Disclose Personal Information* form to your physician or health care provider, along with the *Attending Physician Statement (APS)* form. Instruct them to send the completed APS form to Mutual of Omaha.