

How to file a Life Claim with Mutual of Omaha

- 1) Obtain Proof of Death (Life Claim) form located on Mutual of Omaha website.
 - Go to mutualofomaha.com.
 - Select *Customer Service* tab – then select *I have coverage through my employer*
 - Go to *Forms*. Select your *State* and then *View Forms*
 - The Proof of Death form is located under *Life Forms*.
- 2) The Beneficiary or other claimant should complete both Part II and the Authorization to Disclose Personal Information sections of the form. An original certified Death Certificate should be attached to the form and returned to the Policyholder or Group Administrator (This would be the Postmaster or Postal Supervisor of the Insured).
- 3) The Policyholder or Group Administrator (This would be the Postmaster or Postal Supervisor of the Insured) should complete Part I.

IMPORTANT: Employers MUST attach the original enrollment form/records plus any beneficiary changes to the Proof of Death form. If a dependent has a claim, you must attach a photocopy of the employee's original enrollment form to the Proof of Death form.

- 4) If any beneficiary, other than a contingent beneficiary, died before the Insured, a copy of the Death Certificate of such beneficiary must be attached to the proofs. In such case, a claim should be made by the other beneficiaries, or if there are none, by the duly appointed representative of the Insured's estate.
- 5) If a claim is made on behalf of the estate of the deceased, a certified copy of the Letters of Administration must be attached to the proofs.
- 6) If any beneficiary is a minor or legally incompetent, a certified copy of the Appointment of a Guardian must be attached to the proofs.
- 7) Return completed form to:

United of Omaha Life Insurance Company
Group Life Claims
Mutual of Omaha Plaza
Omaha, NE 68175-0001
- 8) Upon receipt of the completed claim form and required proofs, the claim will be submitted for processing.
- 9) Please call 800-775-8805 if you have additional questions or need further assistance.