

HOW TO FILE A PAID FAMILY AND MEDICAL LEAVE CLAIM



Your Paid Family and Medical Leave plan helps protect your income in the event of a disabling illness, injury, family leaves of absence or to care for a family member with a serious health condition. Please follow the instructions below on how to file a claim with Mutual of Omaha.

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

- ☒ **Section 1:** Employee statement including authorizations to release information
- ☒ **Section 3:** Certification of a serious health condition
- ☒ **Section 4:** Employer's statement

Finding Forms

Find the Paid Family and Medical Leave form online:

www.mutualofomaha.com/support/forms

On the forms page, select I am a Plan Member (Employee) and choose your state. Select "Paid Family and Medical Leave Claim Form."

Or

Contact your HR Department

Filing Options

Fax/Paper

1. Select "Paid Family and Medical Leave 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 **402-997-1878**.

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

Employee Portal

1. Visit mybenefits.mutualofomaha.com/my-benefits/ui/registration. Register for an account.
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".

Already have an account? Log in with your credentials at mybenefits.mutualofomaha.com/my-claims/ui/home.

Phone

1. Call **1-833-928-2179** 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 Release Personal Information" form". Complete and sign.
5. Have your physician complete Section 3, Certification of a serious health condition.
6. Have your employer complete Section 4, Employer's Statement.
7. Completed forms can be faxed to **402-997-1878**.

Or, scan the completed and signed forms and email to:

submitgroupPFML@mutualofomaha.com

Or, mail them to:

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

Please Note

If you have a corresponding short-term disability policy with Mutual of Omaha, an additional short-term disability claims form does not need to be completed. Your Benefit Claims Specialist will be in contact with you to obtain any additional information needed.

*Mutual of Omaha will fax a Medical Certification to your physician once their information is received.