

# HOW TO SUBMIT A LIFE CLAIM



The loss of a loved one is a difficult and often confusing time. We're here to make the death claim process as easy as possible for you.

## Items Needed to Submit a Claim

Upon the death of an insured loved one, you must complete and submit the items below. Complete instructions are available on the Proof of Death claim form.

- 1 **Proof of Death claim form:** Complete as instructed on the form
- 2 **Beneficiary Designation form:** Including beneficiary changes
- 3 **Enrollment form:** Provide original, photocopy or screen-print
- 4 **Original certified death certificate:** If the benefit amount is \$200,000 or less, a copy is acceptable
- 5 **For accidental death benefits,** provide the following items, including but not limited to:
  - Official investigative report (police, accident, fire, FAA, OSHA)
  - Proof of seatbelt/airbag use, if applicable
  - Coroner's report or Medical Examiner's report findings and/or toxicology report

We are here for you

If you have questions regarding your claim, please contact our dedicated toll-free number:

**(800) 775-8805**

(Monday – Friday, 7:30 a.m. – 5 p.m. CST)

Your claim submission will be reviewed by a claims analyst. Be advised that further documentation might be necessary in the future to complete the claim process. If additional information is needed, a claims analyst will reach out to you.

## How to Find the Proof of Death Claim Form

To access the form, go to **MutualofOmaha.com/support/forms**. On the forms page, select I am a Plan Member (Employee) and choose your state. Under the Life/AD&D Forms, select Proof of Death (Life Claim Form). To access beneficiary forms, choose I am a Beneficiary and choose your state. You may also contact your Human Resources department.

## Filing Options

### Employee Portal:

- 1) Visit [mutualofomaha.com/my-benefits](https://mutualofomaha.com/my-benefits). Register for an account or log in with your credentials.
- 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".

### Mail them to:

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

**Fax:** (402) 997-1835

**Email:** [submitgrplife@mutualofomaha.com](mailto:submitgrplife@mutualofomaha.com)



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United of Omaha Life Insurance Company  
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