



MUTUAL of OMAHA INSURANCE COMPANY
 Mutual of Omaha Plaza
 Omaha, NE 68175
 1 800 775 1000
 mutualofomaha.com

INSURED'S STATEMENT FOR DISABILITY BENEFITS

ANSWER ALL QUESTIONS THAT APPLY

POLICY NUMBER: _____

Claim Number _____

1. Insured's Name (First) _____ (Last) _____ Date of Birth _____

Insured's Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

Social Security Number _____ - _____ - _____ Telephone Number () _____ - _____

Policy Number _____ Life Policy Number _____

2. Employer Name _____ Telephone Number () _____

Employer Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

3. If you are considered an employee or if you are self-employed and your business is incorporated, does your employer pay any portion of the insurance premium for your disability coverage with our company?

Yes ___ No ___ If Yes, what percentage? _____%

4. What is your occupation? _____

5. What was your annual income prior to disability? _____

6. What sickness or injury was suffered? _____

7. What date did the sickness or injury happen? If an accident, describe how/where it happened. _____

8. What date were you first treated by a physician for this sickness or injury? _____

9. Were you confined in a hospital for this sickness or injury? Yes ___ No ___ If Yes, give name of Hospital and Dates of Confinement. _____

10. Has any other physician treated you for this condition? Yes ___ No ___ If Yes, when? _____

Physician Name and Address _____

11. Have you had the same kind of sickness or injury before? Yes ___ No ___ If Yes, when? _____

Physician Name and Address _____

12. Have you had any medical or surgical advice during the past five years for any other condition? Yes ___ No ___

What was the condition? Dates of Treatment _____

Physician's Name and Address _____

Hospitalized? Yes ___ No ___ If Yes, provide Dates of Confinement _____

Hospital Name and Address _____

13. Dates unable to work for current period of disability: ____/____/____ to ____/____/____
 Month Day Year Month Day Year

14. What was your last day worked prior to disability? ____/____/____
 Month Day Year

15. Date returned to work in a limited capacity: ____/____/____ to ____/____/____
 Month Day Year Month Day Year

16. Date returned to work full time: ____/____/____
 Month Day Year

17. If pregnancy is involved: Expected date of delivery: ____/____/____
 Month Day Year

Exact date of delivery: ____/____/____ Expected return to work date: ____/____/____
 Month Day Year Month Day Year

Please indicate the type of delivery and any complications: _____

18. Please check any and all benefits that you are eligible to receive:

	Applied Y/N	Date Applied	Amount Receiving	Date Benefits Began
A. Social Security				
B. Worker's Compensation				
C. State Disability Insurance				
D. Retirement or Pension				
E. Short Term Disability				
F. Salary Continuation				
G. Unemployment				
H. Union				
I. Medicare/Medicaid				

Describe all insurance coverage in force: (A) Individual; (B) Group; (C) Salary Continuance; (D) Disability/Overhead Expense; (E) Hospital/Medical Coverage: **If none, so state by writing "none"**.

Company or Source	Type (A, B, C, D, E)	Monthly Amount	Benefit Period	Elimination Period

As part of our claim procedure, a consumer report may be secured through personal interviews with third parties, which may include information as to your character, reputation, mode of living, etc. You have the right to make written request within a reasonable period of time concerning the nature and scope of this investigation.

Date _____, 20____ Insured's Signature _____

Fraud Statements

The following fraud language is attached to, and made part of this claim form. Please read and do not remove these pages from this claim form.

- ** **Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- ** **Alaska:** A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- ** **Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- ** **Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ** **California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ** **Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- ** **Delaware:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- ** **District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.
- ** **Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ** **Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
- ** **Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- ** **Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ** **Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ** **Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.
- ** **Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison..

- ** **Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- ** **New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- ** **New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- ** **New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ** **Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ** **Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ** **Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ** **Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the fixed penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
- ** **Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ** **Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ** **Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ** **Virgin Islands:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal penalties.
- ** **Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ** **Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ** **West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ** **If you live in a state other than mentioned above, the following statement applies to you:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.