

# 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](http://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](tel:402-997-1878).

Or, scan the completed and signed forms and email to: [submitgroupPFML@mutualofomaha.com](mailto:submitgroupPFML@mutualofomaha.com)

### Employee Portal

1. Visit [mutualofomaha.com/my-benefits](http://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".

### Phone

1. Call [1-833-928-2179](tel: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](tel:402-997-1878).

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

[submitgroupPFML@mutualofomaha.com](mailto: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.