Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Affiliate
Mutual of Omaha Insurance Company
A Stock Insurer

Mutual of Omaha Plaza
Omaha, NE 68175-0001
Toll Free (800) 775-8805
Fax (402) 997-1898
Email submitgrpacc@mutualofomaha.com

Group Critical Illness/Hospital Indemnity/Accident Health Screening Benefit and Preventative Care Claim Form

Section 1 – Policyholder/Employer Information

Employer Name | Group Number G000 ___ ___ ___ ___

Employer Address | Employer Phone Number

Section 2 – Claimant Statement (completed by employee/member)

Claimant/Patient Name: First/Last | Sex: M/F | DOB: Mo./Day/Yr. | Social Security Number

Employee Name: First/Last | Sex: M/F | DOB: Mo./Day/Yr. | Social Security Number

Relationship to Employee: ❑ Self ❑ Dependent ❑ Spouse ❑ Domestic Partners

Address | City | State | ZIP Code

Phone | Email

Does the Employee/Member have Major Medical Insurance or a Combination of Basic Hospital and Basic Medical Insurance? ❑ Yes ❑ No

Section 3 – Health Screening or Preventative Care Benefit Information

WHICH POLICY IS THIS BENEFIT BEING REQUESTED FOR? CHECK ALL THAT APPLY: ❑ Accident ❑ Critical Illness ❑ Hospital Indemnity ❑ Unsure

PLEASE CHECK THE HEALTH SCREENING OR PREVENTATIVE CARE BENEFIT FOR WHICH THIS CLAIM IS BEING FILED:
Please refer to your Certificate of Coverage for benefits covered under your policy

Available on all Accident, Critical Illness, and Hospital Indemnity Plans:

- ❑ Abdominal aortic aneurysm ultrasound
- ❑ Blood test for triglycerides
- ❑ Bone marrow testing
- ❑ Bone density screening
- ❑ Breast ultrasound
- ❑ CA 15-3 (blood test for breast cancer)
- ❑ CA 125 (blood test for ovarian cancer)
- ❑ Carotid ultrasound
- ❑ CEA (blood test for colon cancer)
- ❑ Chest X-ray
- ❑ Colonoscopy
- ❑ CT angiography
- ❑ EKG (electrocardiogram)
- ❑ Double contrast barium enema
- ❑ Fasting blood glucose test
- ❑ Flexible sigmoidoscopy
- ❑ Hemoccult stool analysis
- ❑ Mammography
- ❑ Pap smear
- ❑ PSA (blood test for prostate cancer)
- ❑ Serum cholesterol test (HDL & LDL)
- ❑ SPEP (blood test for myeloma)
- ❑ Stress test (on a bicycle or treadmill)
- ❑ Thermography

Additional benefits <u>ONLY</u> Available on Hospital Indemnity Plans and select Accident and Critical Illness plans:
*Please refer to your Certificate of Coverage for benefits covered under your policy.

- ❑ Adult Immunization
- ❑ Angiogram
- ❑ Basic or Comprehensive Metabolic Screening
- ❑ Body Mass Index (BMI Assessment)
- ❑ Cancer Testing/Screening/Biopsy
- ❑ Child/Adolescent Exams or Sports Physicals
- ❑ Child/Adolescent Vaccines
- ❑ Dental/Hearing/Physician Annual Exam
- ❑ Diabetes Health Screening
- ❑ Domestic Violence Screening
- ❑ Echocardiogram (ECHO)
- ❑ Genetic Testing
- ❑ Hepatitis B/C Screening
- ❑ Lower Extremity Ultrasound
- ❑ Mental Health Evaluation
- ❑ Neurological Health Studies
- ❑ Neurological Imaging Studies
- ❑ Polysomnogram (Sleep Study)
- ❑ Prenatal/Perinatal Care
- ❑ Substance Abuse Screening
- ❑ Transmitted Diseases/Blood Borne Infection Screening
- ❑ Vascular Ultrasound

DATE THE TEST/PROCEDURE WAS PERFORMED (MM/DD/YYYY) | PHYSICIAN NAME | PHYSICIAN PHONE NUMBER

By signing below, I certify that I have read and understand the fraud warning that applies to my state of residence, and that all information provided on this form is true and complete to the best of my knowledge and belief.

Section 4 – Acknowledgement & Signature

SIGNATURE OF INSURED | DATE

Electronic Funds Transfer (EFT) Authorization

Direct Deposit of Benefit Payments

I understand that by completing this form, I am authorizing United of Omaha Life Insurance Company to directly deposit into my bank account via Electronic Funds Transfer (EFT) payment(s) due to me under a contract issued or administered by United of Omaha to my financial institution with the information provided below, for credit to my account. I represent that the bank information listed below is not affiliated with a prepaid banking card or a non-standard checking/savings account, and I understand that such prepaid banking card or non-standard checking/savings accounts are not accepted by United of Omaha.

Furthermore, I authorize and direct the bank to charge said account or the account of my estate for any payment made in error as determined by United of Omaha and to refund any such payment made subsequent to my death or made in error and to refund any such payment to United of Omaha upon its written request to the bank.

I further understand and agree that it is my responsibility to ensure that all bank information reported on this form is accurate and correct for the appropriate deposit of my payment(s) and that United of Omaha can rely on this information and will have no obligation to ensure the correctness of the information. Completion of this form is not a guarantee that benefits will be paid.

I further understand and agree that any payment(s) made into an incorrect bank account (including, without limitation, to a prepaid banking card or non-standard checking/savings account, both of which are not accepted by United of Omaha) pursuant to the information reported on this form, will be forfeited by me and that United of Omaha has no obligation to retrieve those funds or make replacement payment(s) to me.

I further understand and agree for myself, my heirs, executors and estate to indemnify and hold United of Omaha harmless from any and all loss or damage of any nature whatsoever, including costs or attorney's fees incurred by reason of said bank acting pursuant to this Authorization.

I further understand and agree that United of Omaha is not responsible for any bank charges or other costs associated with or arising out of this agreement.

I further understand that if my bank is not able to accept EFTs, checks will be mailed to my residence.

I reserve the right to revoke and cancel this authorization. Such revocation and cancellation shall be effective within 5 business days following United of Omaha's receipt of the notice.

Payee Information	**Bank Information**
Full Name	Bank Name
Address	Address
Address	Address
City	City
State and ZIP Code	State and ZIP Code
Telephone Number ( )	Telephone Number ( )
Social Security Number	Account Number
Policy Number	Bank ABA Routing/Transit Number
Claim Number	❑ Checking ❑ Savings *(Check only one)* *Prepaid banking cards and non-standard checking/savings accounts not permitted.*
Payee Number *(for office use only)*	**Approved By/Date *(for office use only)***

X _____ _____

Payee Signature Date

Contact Information

Please attach EITHER **a voided check for checking** OR **a deposit slip for savings** and return with this form to:

United of Omaha Life Insurance Company
HO8W-GDMS
3316 Farnam Street
Omaha, NE 68172-7420

You may also fax to 402-997-1898 or email to submitgrpacc@mutualofomaha.com

Should you have any questions regarding EFT, please feel free to contact our customer service representatives toll free at **1-800-775-8805** (Monday – Thursday 7 a.m. – 5:30 p.m. and Friday 7 a.m. – 5 p.m. CST).

Fraud Warnings

Required Fraud Warnings (State specific warnings apply to the resident of such state)

Fraud Warning: 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.

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.

Arkansas/Kentucky/Louisiana/Maine/New Mexico/ Ohio/Tennessee: Any person who, with intent to defraud or knowing that he/she 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.

California: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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.

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.

Kansas: 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 as determined by a court of law.

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.

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 York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: 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 may be a crime and may subject such person to criminal and civil penalties.

Puerto Rico: Any person who furnishes information verbally or in writing, or offers any testimony on improper or illegal actions which, due to their nature constitute fraudulent acts in the insurance business, knowing that the facts are false shall incur a felony and, upon conviction, shall be punished by a fine of not less than five thousand (5,000) dollars, nor more than ten thousand (10,000) dollars for each violation or by imprisonment for a fixed term of 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 on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Vermont: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

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: Any person who, with the 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 may have violated state law.