



Underwritten by
United of Omaha Life Insurance Company
Mutual of Omaha Insurance Company
Mutual of Omaha Affiliates

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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:

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

Additional benefits **ONLY** 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.

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

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