

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

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Omaha, NE 68175-0001
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Fax (402) 997-1898
Email submitgrpacc@mutualofomaha.com

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

					Group Number
GRAYSON COUNTY					G000 A K D P
Employer Address 100 W HOUSTON ST #G2 SHERMAN, TX 75090					nployer Phone Number 903) 813-4264
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	(completed by employee/member				
Claimant/Patient Name: First/Last		Sex: M/F	DOB: Mo./Da	y/Yr.	Social Security Number
Employee Name: First/Last		Sex: M/F	DOB: Mo./Da	y/Yr.	Social Security Number
Relationship to Employee: Self Sol	Pependent 🔲 Spouse 🔲 Domestic Partr	ners			
Address	City		State		ZIP Code
			State	•	Zir Code
Phone	Emai	1			
Does the Employee/Member have Major	Medical Insurance or a Combination of Ba	sic Hospital and I	Basic Medical Insu	rance?	Yes 🗆 Na
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	reventative Care Benefit Informa				
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