Mutual of Omaha Insurance Company
United of Omaha Life Insurance Company

Sponsored Group/Association Marketing Program Membership Verification

Instructions: This form must be completed in order to be eligible for the Association or Sponsored Group premium allowance.

Association or Sponsored Group Name: _____

Association or Sponsored Group Address: _____

Member's Name (please print): _____

Membership Number: _____ Membership Effective Date: _____

By signing below I certify, that I am a current member (or spouse of a current member) of the Association or Sponsored Group listed above.

	Applicant B (if applicable)
Printed Name	Printed Name
X Signature	X Signature
Date	Date

PRODUCER USE ONLY

Sponsored or Association Group Number _____

For Long-Term Care Fax to:
1-888-539-4672

For Disability Fax to:
402-997-1893