



Request for Reimbursement Form

Customer Information

Name _____

Address _____

City _____ State _____ Zip _____

I am requesting reimbursement for Roadside Assistance Service

- | | |
|--|---|
| <input type="checkbox"/> Accident Assistance | <input type="checkbox"/> Lockout Assistance |
| <input type="checkbox"/> Fluid and Fuel Delivery | <input type="checkbox"/> Flat Tire Assistance |
| <input type="checkbox"/> Battery Jumpstart | <input type="checkbox"/> Towing |

I received this service on _____
Date of Service

I have included the following documentation required for reimbursement:

- A legible copy of the receipt from my automotive service facility showing:
 - the MyAutoExpert® Roadside Assistance Benefit sticker (or stamp), AND
 - the date of the qualifying service.
- A legible copy of the original receipt from the provider for roadside assistance service performed.

Mailing Address for Claim Reimbursement Requests:

**MyAutoExpert® Roadside Assistance Claims
PO Box 17599
Golden, CO 80402-6026**

Claim documentation must be submitted within 60 days of the date you received roadside assistance.