



**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.**