



# Road Service Reimbursement Request

## **IMPORTANT: Read This First!**

This form is for members seeking reimbursement for roadside assistance in the following states and territories: Florida, Georgia, northern portions of Illinois and Indiana, Iowa, Michigan, Minnesota (excluding Hennepin County), Nebraska, North Dakota, Puerto Rico, Tennessee and Wisconsin. If your primary address is outside of these areas, please visit [AAA.com](http://AAA.com) to locate your home Club and appropriate reimbursement form.

## **Payment Limitation**

If you obtain non-AAA Roadside Assistance without first requesting service from AAA, your reimbursement will be up to the contract rate paid to AAA service providers for similar services.

**NOTE:** In all cases, reimbursement coverage is limited to road service detailed in your membership handbook (visit [aaa.com/memberhandbook](http://aaa.com/memberhandbook)) up to the maximum entitlement allotted by your membership. Reimbursement does not include vehicle repair, tire repair, labor, battery charges or storage.

## **Submission Instructions**

Reimbursement applications must:

- Include an original itemized paid receipt from a service provider
- Be attached to a fully completed Road Service Reimbursement form
- Be submitted within the defined time period as detailed in the member handbook to be considered

Please allow three weeks to process your request. In the event of regionalized severe weather events, natural disasters, or public health emergencies, processing times may vary.

Submit the application and original receipts to:

**AAA - Road Service Reimbursement, 4010 S. 148th St., Omaha, NE 68137**

Inquiries regarding your reimbursement request may be made by calling 866-255-6757.



# Road Service Reimbursement Request

PLEASE FILL OUT THIS FORM COMPLETELY & PRINT LEGIBLY

## MEMBER INFORMATION

Membership number (16 digit): \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact numbers Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

**FOR PROCESSING ONLY**  
 Approved?  Yes  No  
 Code: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Processor initials: \_\_\_\_\_  
 Process date: \_\_\_\_\_

**IMPORTANT:** Any correspondence in regards to your reimbursement consideration request will be sent to the address you provide on this form. To change your address on our membership records, please go to [AAA.com](http://AAA.com) or contact your local AAA office.

## ROAD SERVICE INFORMATION

Facility name: \_\_\_\_\_ Date of service (mm.dd. yyyy): \_\_\_\_\_ Time of service: \_\_\_\_\_

Type of problem:  Flat tire  Out of fuel  Lockout/key made  Accident/police call  
*(check appropriate box)*  Jump-start  Tow  Winch/stuck  Motorcycle coverage

**Who was called?**  AAA local office  AAA toll-free  Called facility direct  Did not call AAA

Reason AAA was not used?

\_\_\_\_\_  
 \_\_\_\_\_

Additional comments:

\_\_\_\_\_  
 \_\_\_\_\_

Vehicle year: \_\_\_\_\_ Vehicle make: \_\_\_\_\_ Vehicle model: \_\_\_\_\_

Breakdown location: (address, cross streets or reference points): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle towed to (street, city, state): \_\_\_\_\_

Miles towed: \_\_\_\_\_ Amount paid for service: \$ \_\_\_\_\_

*If AAA service is available and not used, reimbursement will be limited to what it would have cost AAA to provide the covered service.*

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Note:** Please make a copy of this form and all attachments for your records. Applications that are not completed or accompanied with the original receipt(s) may be returned. Submit the application and original receipts to:

**AAA - Road Service Reimbursement, 4010 S. 148th St., Omaha, NE 68137**

*Inquiries regarding your reimbursement request may be made by calling 866-255-6757.*