

Request for Claim Reimbursement

<u>MEMBERSHIP & CLAIM INFORMATION</u>		<u>VEHICLE INFORMATION</u>	
Roadside Assistance Membership Number _____			
Member Name _____			
Primary Phone Number _____			
Disablement Date _____			
Disablement Amount Requested _____			
Disablement Street Address or GPS Coordinates _____			
<u>SERVICE TYPE</u>		<u>VEHICLE SPECIFICATION</u>	
<input type="checkbox"/> Roadside Mechanic <input type="checkbox"/> Flat Tire <input type="checkbox"/> Jumpstart <input type="checkbox"/> Fuel Delivery <input type="checkbox"/> Mechanical Service	<input type="checkbox"/> Towing <input type="checkbox"/> Lockout <input type="checkbox"/> Other _____	<input type="checkbox"/> Motor Home <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> 5 th Wheel <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Truck Camper <input type="checkbox"/> Truck <input type="checkbox"/> Auto <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tow Dolly <input type="checkbox"/> Other _____	
<u>CLAIM DESCRIPTION</u>			
Please Fill Out Completely, Type or Print Legibly			
Explain why you are submitting a claim, why you were unable to call the Good Sam Roadside Assistance Network Dispatch Center, and/or why you were required to pay for the service provided. (Include the telephone number, your telephone number, that you used to contact Dispatch Center)			
(Please attach an additional sheet to this claim description if necessary)			
<u>CHECK LIST</u>			
Please make certain that you have completed and included the following to avoid any delay in the processing of your reimbursement request. <input type="checkbox"/> <u>Original Itemized Paid Receipt</u> (copy from service provider is acceptable) <input type="checkbox"/> Complete Claim Description (Use space above and additional sheet if necessary) <input type="checkbox"/> Please make and retain copies for your records		Mail the completed form and all necessary attachments to: Good Sam Roadside Assistance Attn: Claims Department PO Box 6900 Englewood, CO 80155-6900	



Re: Request for Claim Reimbursement

Dear Good Sam Roadside Assistance Member:

Thank you for taking the time to contact Good Sam Roadside Assistance, the leader in roadside assistance.

Enclosed with this letter you will find a "Request for Claim Reimbursement" form which must be completed in order for us to consider your reimbursement request. As referenced in your Roadside Assistance Member Benefit Brochure, please keep in mind that "Fees for services that you hire on your own are not reimbursable." Reimbursable services are those caused by extraordinary circumstances and may be expenses incurred as a result of restricted tollways, turnpikes, National Parks, or law enforcement-arranged services.

For your convenience and safety, the Good Sam Roadside Assistance Program is designed as a "Sign and Drive program," which simply requires a toll-free call to our national dispatch center to receive prompt and professional roadside assistance. This system provides our members with the highest level of customer service, while keeping our program costs and membership dues to a minimum.

Following the receipt of your detailed, completed "Request for Claim Reimbursement" form, please allow up to two weeks for the review of your request. If your request meets the reimbursement guidelines, you will receive a reimbursement check two to three weeks after your request is processed.

If you have any further questions, please contact our Member Services Department at **(800) 842-5351**.

Sincerely,

A handwritten signature in black ink that reads "Robert C. Williams". The signature is written in a cursive, flowing style.

Robert C. Williams
Program Coordinator
Member Relations Department
Good Sam Roadside Assistance