



Club Headquarters:
2840 Eastern Boulevard
York, PA 17402
717-600-8900

**Automobile Club
Travel Agency
Insurance Agency**
800-222-1469

Dear AAA Mid States Member:

Re: Reimbursement Consideration Request

Please complete the reverse side of this letter and submit it with the original paid receipt within thirty (30) days of the service date for reimbursement consideration. The Club may adjust or deny reimbursement for service provided by individuals or companies not normally engaged or associated with providing Roadside Assistance.

In all cases, reimbursement coverage is limited to only roadside assistance as detailed in the Membership Handbook and the "Your Glove Box Companion" brochure and does not include vehicle repair, tire repair, labor cost, storage fees or special equipment needed to tow modified vehicles.

It is our goal to provide you, our valued member quality service resulting in member total satisfaction. In order to accomplish this, we ask that in the future, should you require road service, please call us at (717) 600-8800 or 1-800-AAA-HELP (1-800-222-4357) or visit us on AAA.com for on-line road service request. This information is available on your AAA membership card.

We have enclosed a self-addressed postage-paid envelope for your convenience.

Thank you for allowing us to review your request for reimbursement consideration.

Automotive Service Team
AAA Mid States

Enclosure (2)



AAA Mid States
 Attention: Automotive Services
 2840 Eastern Blvd
 York, PA 17402
 (800) 222-1469 ext. 8941

ROADSIDE ASSISTANCE ALTERNATE SERVICE QUESTIONNAIRE

<u>MEMBERSHIP INFORMATION</u>		Member's Name	Membership # Basic <input type="checkbox"/> Plus <input type="checkbox"/> Premier <input type="checkbox"/> RV Plus <input type="checkbox"/> RV Premier <input type="checkbox"/>	Joined	Expiration Date
Mailing Address		Day Phone # Cell Phone # Email Address:			
<u>DETAILS OF MY SERVICE CALL</u> I was Vehicle Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Neither <input type="checkbox"/> Service Date Time am <input type="checkbox"/> pm <input type="checkbox"/>		Breakdown Location (Street, City, State)			
Year/Make/Model Passenger <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ Dual Wheels Yes <input type="checkbox"/> No <input type="checkbox"/>		Servicing Facility (Please Include Address) Phone:		Service Call Charges \$	
Was AAA called? Yes <input type="checkbox"/> No <input type="checkbox"/> Was a valid Membership Card Presented at time of Service? Yes <input type="checkbox"/> No <input type="checkbox"/>		If AAA Service was not used, why?			
Cause of Disablement? Accident <input type="checkbox"/> (enclose copy of police report) Mechanical <input type="checkbox"/> Other _____ Keys Lost <input type="checkbox"/> Keys Broken <input type="checkbox"/> Keys Locked Out <input type="checkbox"/> Keys Locked in Trunk <input type="checkbox"/>					
<u>TOWING INFORMATION</u> Was Vehicle Towed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were Police Called and on Scene? Yes <input type="checkbox"/> No <input type="checkbox"/> (Enclose copy of police report)		Towing Mileage	
Vehicle Towed To (Street, City, State)		Was Special Equipment Used? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please explain)		Tow Charges \$	
				Other Charges \$	
<u>CLUB REIMBURSEMENT</u> If you have followed the procedure outlined to obtain Roadside Assistance, and AAA service is not available, or AAA Provider access is restricted (toll roads, limited access highway), the club will provide reimbursement for covered services at the prevailing commercial rate for the region in accordance with Club guidelines. If AAA service was available, but not requested, reimbursement may be limited to the amount the Club would normally have paid for the covered service. To apply for reimbursement consideration, submit an original itemized paid receipt for service within 30 days. Please allow 2 weeks for review and processing under the terms of your membership. Accident Calls – enclose copy of police report					
Member's Signature:				Date:	

FOR OFFICE USE ONLY

AC # <u>784</u>	CC # <u>03</u>	Call History _____	Cost History \$ _____
Basic \$ _____	Plus \$ _____	Premier \$ _____	Total \$ _____
RV Plus \$ _____	RV Premier \$ _____	Authorized _____	Date _____