

ROAD SERVICE REIMBURSEMENT REQUEST

IMPORTANT: Read This First!

This form is for members seeking reimbursement for roadside assistance in the following states and territories: Colorado, Florida, Georgia, northern portions of Illinois and Indiana, Iowa, Michigan, Minnesota (excluding Hennepin County) Nebraska, North Carolina, North Dakota, Puerto Rico, South Carolina, Tennessee and Wisconsin. If your primary address is outside of these areas, please visit 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) 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.

To submit the application and original receipts,

Preferred method for faster review is to submit online at: www.AAA.com

or via US mail: Attn: ERS Back Office, AAA, P.O. Box 200, Dearborn, MI 48121

Inquiries regarding your reimbursement request may be made by calling 1-866-255-6757.



EXPECT *something* MORE™

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 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.

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