



Premier RV Home Lock-Out Reimbursement Request Form

Payment Limitations

- The individual requesting reimbursement must be an active Premier RV Member at the time service is provided
- Lock-out service must be performed on the member's primary residence only
- Each Premier RV Member is entitled to one Home Lock-Out Reimbursement per membership term
- Lock-out charges will be reimbursed for the actual member expenses incurred up to a maximum of \$100 per membership term
- Proof of service must be provided in the form of an itemized paid receipt from a licensed locksmith

Submission Instructions

Reimbursement applications must:

- Include an original itemized paid receipt from a service provider
- Be attached to a fully completed Home Lock-Out 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.

Application Submission:

Preferred method for faster review is to submit via 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 866-255-6757.



Premier RV Home Lock-Out Reimbursement Request Form

Your Premier RV Membership includes reimbursement for locksmith services up to \$100 per membership term. Visit AAA.com/MemberHandbook for complete details.

MEMBER INFORMATION

Membership number (16 digit): _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Contact numbers: Home: _____ Cell: _____
 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.

LOCK-OUT SERVICE INFORMATION

Date of lock-out service (mm.dd.yyyy): _____
 Location where lock-out service was provided: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Is this your primary residence? Yes No
 Cost of service rendered: \$ _____
 Name of service provider: _____ Phone: _____

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 by
 mailing them to: Attn: ERS Back Office, AAA, P.O. Box 200, Dearborn, MI 48121

Preferred method for faster review is to submit via Online at: www.aaa.com