



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 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.

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 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

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