

GM MOBILITY REIMBURSEMENT APPLICATION

Please review the step-by-step instructions and list of eligible adaptive equipment found at gm-mobility.com. Incomplete applications will delay claims processing. If you have questions or need help, please contact the GM Mobility Assistance Center at 1-800-323-9935 (TTY 1-800-833-9935).

Eligible adaptive equipment must be permanently installed in the vehicle, installed by a licensed equipment installer, and installed for a driver or passenger with a permanent disability. Safety belt extenders are eligible for reimbursement but do not qualify for OnStar offer.

This application is valid for eligible new and unused 2015 and 2016 model-year Chevrolet, Buick, and GMC vehicles delivered between 10/1/15 and 9/30/16. Vehicles must be adapted and a claim must be submitted within six months of the date of purchase/lease. Cadillac vehicles are not eligible.

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1. OBTAIN ADAPTIVE EQUIPMENT AND PURCHASE RECEIPT

TTY equipment requested

After your vehicle adaptations are completed, obtain an itemized paid invoice from the licensed equipment installer(s). The invoice must include the following:

- Preprinted installer company name, address, and phone number
- Your name, address, and phone number
- Vehicle Identification Number (VIN)
- Description of the adaptive equipment installed on vehicle
- Date of adaptation (sale)
- Itemized cost of parts AND labor (listed separately)
- Proof of payment for the adaptation (copy of credit card receipt, canceled check, or paid invoice)

2. VEHICLE/PURCHASER INFORMATION — PLEASE USE INK AND COMPLETE ALL INFORMATION

PURCHASER INFORMATION

Mr. Ms.

Mailing Address: _____ Apt. _____

City: _____

State/ZIP: _____

Home Phone #: (____) _____

Work Phone #: (____) _____

E-mail Address: _____

VEHICLE/EQUIPMENT INFORMATION

Vehicle ID No. (VIN) _____

Delivery Date: ____/____/____ Model: _____ Year: _____

Vehicle Make: _____

Check appropriate box:
 Retail Sale Retail Lease Commercial Sale

DESCRIPTION OF ADAPTIVE EQUIPMENT INSTALLED _____

Vehicle sold/traded in: _____

Vehicle Make: _____ Model: _____ Year: _____

First-time GM Mobility Reimbursement Program user?
 Yes No

Primary personal mobility aid used: Wheelchair Scooter Cane/Walker/Crutches Other None

For information on GM's privacy statement please visit gm.com/privacy or call 1-800-871-9133 (1-800-657-7483).

Date of Adaptation: ____/____/____

Total Cost of Adaptation \$: _____

Reimbursement Amount Requested \$: _____ (51,000 maximum)

NOTE: A letter from your physician describing the limitations of your disability is required for assistive/propelling boards, assist handles, electric parking brake, inverter, pedal extenders, remote liftgate opener, and TTY equipment.

*\$1,200 maximum for Chevy Express and GMC Savana vans (and duallys).

3. REVIEW AND SIGN APPLICATION (VEHICLE OWNER(S) OF RECORD)

I/we certify that the information entered on this application is correct and that the adaptive equipment described on the attached invoice(s) has been permanently installed on the eligible GM vehicle identified on this application.

Purchaser/Lessee Signature _____ Date _____

Co-Purchaser/Co-Lessee Signature _____ Date _____

Print Name _____

GO TO STEP 4 ON REVERSE. >

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4. VALIDATE APPLICATION AT GM DEALER

Take your adapted vehicle and application to your GM dealer for an inspection. Have your GM dealer representative sign the application after inspecting your adapted vehicle. If you are physically unable to return to the GM dealer you bought the vehicle from (e.g., you are now residing in another state or have moved a considerable distance from your original dealer), any franchised GM dealer representing the brand purchased may sign your application.

DEALER INFORMATION

Dealer Name: _____

Dealer BAC Code: _____

Phone: _____

Fax: _____

VALIDATION (REQUIRED)

I have examined the eligible vehicle identified on this application, and it is equipped with the adaptive mobility equipment described on the attached invoice(s).

GM Dealer Representative Signature _____

Print Name _____

Equipment Inspection Date _____

Send reimbursement payment to (check one):

The GM dealer above The vehicle purchaser

If the dealer is requesting payment, one of the following documents must accompany the application:

- Customer Incentive Acknowledgment and/or Assignment Form
- Copy of dealer check(s) issued to equipment installer(s)
- Copy of sales contract reflecting mobility incentive deduction

5. VERIFY YOUR APPLICATION IS COMPLETE

Gather your reimbursement application and all necessary attachments. Incomplete applications will delay claims processing. Make sure you have the following:

- Copy of itemized invoice(s), including proof of payment
- Letter of authorization from your lessor if this is a leased vehicle
- If dealer is requesting payment, reminder to provide ONE of the following: Customer Incentive Acknowledgment and/or Assignment Form, copy of dealer check(s) issued to adaptive equipment installer(s), or copy of sales contract reflecting mobility incentive deduction
- For reimbursement of assist handles, assist steps/running boards (\$200 maximum), electric parking brake, pedal extenders, inverter, and remote liftgate opener (\$500 maximum), provide signed letter from physician describing disability/limitation with physician's name, license number, address, and phone number
- Copy of completed and signed reimbursement application

6. APPLICATION SUBMISSION

Mail, fax, or e-mail your application and all required attachments to:

Mail to: GM MOBILITY PROGRAM HEADQUARTERS
P.O. BOX 5053
TROY, MI 48007

Fax to: (866) 234-3036

E-mail to: mobility@gm.com

PLEASE KEEP A COPY OF THE APPLICATION AND ALL SUPPORTING DOCUMENTS FOR YOUR FILES.

This claim and any payment made under this claim are subject to the Official Program Rules and Guidelines that are in effect from 10/1/15 to 9/30/16 and have been made available to all authorized GM dealers. General Motors reserves the right to modify or terminate this program without notice.

SERVICE REQUEST NUMBER FOR INTERNAL USE ONLY