

**AAA Premier®/RV
Home Lockout Service Reimbursement Form**

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Dear AAA Premier Member,

Please read about your AAA Western and Central New York Premier Home Lockout benefit, below. The following information includes a description of the documentation required for reimbursement consideration. Please check the documents submitted with your claim.

AAA Premier/RV Home Lockout Service benefit: In the event you are locked out of your primary residence, AAA will reimburse you up to \$100 to gain entry to your home. You may utilize the locksmith of your choice. Proof of residency is required, as detailed above. The benefit will be extended once per member, per membership year.

STEP 1: YOUR MEMBERSHIP INFORMATION

Member Name: _____ Membership Number: **620 084** _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: (_____) _____

Email Address (For Correspondence): _____

STEP 2: PLEASE CHECK THE APPLICABLE DOCUMENTS SUBMITTED WITH YOUR CLAIM.

- ☐ Completed reimbursement form.
- ☐ Copy of the dated and itemized bill from the locksmith.
- ☐ Proof of residence, any one of the following:
- ☐ Check here if the lockout service occurred at the same address where you receive mail from AAA.
 - ☐ Copy of a piece of mail, such as a utility bill with your name on it, addressed to the residence that was unlocked.
 - ☐ A copy of your driver's license, with an address matching the residence that was unlocked.

PLEASE SUBMIT ALL APPLICABLE ITEMS TO AAA WESTERN AND CENTRAL NEW YORK AT THE FOLLOWING:

BY MAIL: AAA
Attn: Membership Accounting
PO Box 9006
Buffalo, NY 14231

OR BY EMAIL: mbrshp_acct@nyaaa.com

Allow approximately 4-6 weeks to process the claim. **If you have any questions, please call (800) 836-2582.**

I understand that reimbursement will be considered within specified limitations based on the dated itemized receipts included and is subject to approval in accordance with the Membership Terms and Conditions listed at AAA.com/Terms. I also understand that one claim is allowed per incident and AAA Western and Central New York or its affiliates reserve the right to request any additional information from me which it considers necessary for use in considering my request for reimbursement.

Premier/RV Member Signature: _____ **Date:** ____ / ____ / ____

ACCOUNTING USE ONLY:

CLAIM RECEIVED: ____ / ____ / ____ CLAIM #: _____ LTV: _____ JOIN DATE: ____ / ____ / ____

ISSUED BY: _____ REVIEWED BY: _____ **TOTAL AMOUNT OF REIMBURSEMENT: \$** _____

DEPARTMENT APPROVAL: _____ PREMIER ACCOUNT #: ☐ **1.8094.407.00** **AMT: \$** _____