

# GM MOBILITY REIMBURSEMENT APPLICATION



Please review the step-by-step instructions and list of eligible adaptive equipment found at [gmmobility.com](http://gmmobility.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.

**APPLICATION  
PAGE 1 of 2**

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.

## 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. \_\_\_\_\_  
LAST FIRST M.I.

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State/ZIP \_\_\_\_\_ / \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_

Work Phone # (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

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](http://gm.com/privacy) or call 1-866-MY-PRIVACY (1-866-697-7482).

### VEHICLE/EQUIPMENT INFORMATION

Vehicle ID No. (VIN) \_\_\_\_\_

Delivery Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Check appropriate box:

Retail Sale  Retail Lease  Commercial Sale

### DESCRIPTION OF ADAPTIVE EQUIPMENT INSTALLED

Date of Adaptation \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Cost of Adaptation \$ \_\_\_\_\_

Reimbursement Amount Requested \$ \_\_\_\_\_  
(\$1,000 maximum\*)

NOTE: A letter from your physician describing the limitations of your disability is required for assist steps/running 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 cutaways).

## 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

\_\_\_\_\_  
Print Name

**GO TO STEP 4 ON REVERSE. >**

# GM MOBILITY REIMBURSEMENT APPLICATION

APPLICATION  
PAGE 2 of 2

## 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, remember 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