



# AAA Premier & Premier RV Home Lock-Out Reimbursement Request Form

## Payment Limitations

- The individual requesting reimbursement must be an active AAA Premier or Premier RV Member at the time service is provided
- Lock-out service must be performed on the member's primary residence only
- Each AAA Premier 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 90 days from the date of service to be considered

Please allow two weeks to process your request. Submit the application and original receipts to:

**AAA Home Lock-Out Reimbursement, P.O. Box 13368, St. Petersburg, FL 33733**

Inquiries regarding your reimbursement request may be made by calling 800.406.9936.



# AAA Premier & Premier RV Home Lock-Out Reimbursement Request Form

Your AAA Premier or Premier RV Membership includes reimbursement for locksmith services up to \$100 per membership term. Visit [AAA.com/MemberHandbook](http://AAA.com/MemberHandbook) for complete details.

## MEMBER INFORMATION

Membership number (16 digit): \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

FOR PROCESSING ONLY  
Approved?:  Yes  No  
Code: \_\_\_\_\_  
Amount: \_\_\_\_\_

## 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. Requests that are not completed or accompanied with the original receipt(s), or photocopies of the original receipt(s), may be returned.

Mail signed claim form and receipts to:

**AAA Premier Home Lock-Out Reimbursement, P.O. Box 13368, St. Petersburg, FL 33733**

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