

GENERAL MOTORS ACCESSIBILITY REIMBURSEMENT APPLICATION

APPLICATION
PAGE 2 of 2

4. VALIDATE APPLICATION AT GM DEALER

Take your adapted vehicle and application to your GM dealer. Have your GM dealer representative sign the application. 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 participating GM dealer representing the brand purchased may sign your application. If your Chevrolet Traverse is equipped with a BraunAbility® lowered floor conversion, you are not required to complete Dealer Information or Confirmation section listed below. Please go to Step 5.

DEALER INFORMATION

Dealer Name: _____

Dealer BAC Code: _____

Phone: _____

Fax: _____

CONFIRMATION (REQUIRED)

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

GM Dealer Representative Signature

Print Name

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 accessibility 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 accessibility incentive deduction
- ☐ **Copy** of completed and signed reimbursement application

6. APPLICATION SUBMISSION

Fax or email your application and all required attachments to:

Fax to: 1-866-234-3036 Email 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 7/2/24 to 1/2/25 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



envolve

REIMBURSEMENT PROGRAM



Vehicles shown throughout with equipment from independent suppliers which is not covered by the GM New Vehicle Limited Warranty. GM is not responsible for the safety or quality of independent supplier alterations.

Providing the capability and confidence to live a life in motion.

REMOVE, COMPLETE AND RETURN FORM

Up to \$1,500 Reimbursement on Adaptations.

Through the General Motors Accessibility Reimbursement Program, customers who purchase or lease an eligible 2023/2024/2025 model year vehicle receive up to \$1,500¹ when they add eligible accessibility-related equipment to their new Chevrolet, Buick, Cadillac or GMC vehicle.



To get an application or learn more, visit <https://www.gmenvolve.com/accessible-vehicles> or call 1-800-323-9935 or TTY 1-800-833-9935.

¹Receive up to \$1,500 on 2023/2024/2025MY eligible vehicles. See Dealer and General Motors Accessibility Program Reimbursement Application for complete program details, limitations and eligibility. Offer ends 1/2/2025. GM regular production options and accessories are not eligible for reimbursement under the General Motors Accessibility Program, except for OnStar TTY equipment and seat belt extenders. This includes, but is not limited to, assist steps/running boards and all aftermarket equivalents. Call the General Motors Accessibility Program Assistance Center if you have questions about equipment eligibility. ©2024 General Motors. All rights reserved. The marks appearing in this ad are the trademarks or service marks of GM, its subsidiaries, affiliates or licensors.

GENERAL MOTORS ACCESSIBILITY REIMBURSEMENT APPLICATION



Please review the step-by-step instructions and list of eligible adaptive equipment found at <https://www.gmenvolve.com/fleet/vehicles/accessible-vehicles>. Incomplete applications will delay claims processing. If you have questions or need help, please contact the GM Accessibility Assistance Center at 1-800-323-9935 (TTY 1-800-833-9935).

Eligible adaptive equipment must be permanently installed in the vehicle, and installed for a driver or passenger with a permanent disability.

This application is valid for eligible new and unused 2023-2025 model-year Chevrolet, Buick, Cadillac and GMC vehicles delivered between 7/2/24 to 1/2/25. Vehicles must be adapted, and a claim must be submitted within six months of the date of purchase/lease.

You have chosen to hire your own accessibility equipment installer to alter your vehicle. By offering an incentive, GM is not reviewing or taking any responsibility for the quality or safety of your alteration. Please consult the vehicle alterer making changes to your vehicle to ensure that the work done on your vehicle is consistent with the Federal Motor Vehicle Safety Act. Alterations are not covered under the GM New Vehicle Limited Warranty.

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 BLUE OR BLACK INK AND COMPLETE ALL INFORMATION

PURCHASER INFORMATION

☐ Mr. ☐ Ms. _____ LAST FIRST M.I.

Mailing Address _____

City _____

State/ZIP _____/_____

Home Phone # (_____) _____

Work Phone # (_____) _____

Email Address _____

Vehicle sold/traded in:

Vehicle Make _____ Model _____ Year _____

First-time GM Accessibility Reimbursement Program user?

☐ Yes ☐ No

Primary personal accessibility aid used: ☐ Wheelchair

☐ Scooter ☐ Cane/Walker/Crutches ☐ Other ☐ None

For information on GM's privacy statement, please visit 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* \$ _____

*Please see dealer or <https://www.gmenvolve.com/fleet/vehicles/upfit-applications/accessible-vehicles> for limits.

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. I/We understand that GM has no responsibility for my vehicle alterations.

Purchaser/Lessee Signature _____

Date _____

Print Name _____

Co-Purchaser/Co-Lessee Signature _____

Date _____

Print Name _____

GO TO STEP 4 ON REVERSE. >