



Service Rate Adder Claim Form



BSS members are eligible for a \$5.00 rate adder on all completed Expert Protection service calls, regardless of administrator. Claims must be submitted within 30 days of call completion and must include a copy of the service ticket and service authorization from the administrator. Annual claims are limited to a total of \$150.00 (30 claims) and are subject to other BSS Benefits program guidelines. Members must be in good standing to be eligible for the Expert Protection Service Rate Adder

1.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
2.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
3.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
4.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
5.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
6.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
7.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
8.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
9.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
10.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
11.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
12.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
13.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
14.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service
15.	_____	_____	_____	_____
	Contract Number	Customer Name (First, Last)	Claim Number	Date of Service

Total Number of Claims _____ **x \$5.00 per claim = Total Rate Adder Claim Amount: \$** _____ **.00**

Store name _____ Phone: (_____) _____ - _____

Address _____

City _____ State _____ ZIP _____

Name _____ Title _____

Signature _____ Date _____

Please fax this form to: **Brand Source Service, (714) 502-9627, attn: Maria Mercado**