



# Service Rate Subsidy Claim Form

Program effective 1/1/10-6/30/10



Use this claim form to subsidize the \$136.00 flat rate paid by NEW, administrator of Expert Protection service contracts sold 1/16/06 through 11/9/08. **This subsidy is available to all Brand Source members that meet the eligibility requirements below.**

Part Cost	Subsidy	Eligibility
\$0-\$29.99	\$0.00	• Member must be actively selling Expert Protection parts and labor plans at 2008 level or 80% of 2009 <input type="checkbox"/>
\$30-\$39.99	\$10.00	• Claim must be submitted within 30 days of call completion <input type="checkbox"/>
\$40-\$59.99	\$20.00	• Copies of parts distributor invoice, service ticket and NEW service authorization must accompany claim <input type="checkbox"/>
\$60+	\$30.00	

Customer Name \_\_\_\_\_ Brand \_\_\_\_\_ Product Type \_\_\_\_\_  
 Address \_\_\_\_\_ Model \_\_\_\_\_ Serial \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Failed Component \_\_\_\_\_ Part Number \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ \$ \_\_\_\_\_  
 Phone \_\_\_\_\_ Part Cost \_\_\_\_\_

**WEB** \_\_\_\_\_  
 Contract Number \_\_\_\_\_ Claim Number \_\_\_\_\_ Date of Service \_\_\_\_\_

Customer Name \_\_\_\_\_ Brand \_\_\_\_\_ Product Type \_\_\_\_\_  
 Address \_\_\_\_\_ Model \_\_\_\_\_ Serial \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Failed Component \_\_\_\_\_ Part Number \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ \$ \_\_\_\_\_  
 Phone \_\_\_\_\_ Part Cost \_\_\_\_\_

**WEB** \_\_\_\_\_  
 Contract Number \_\_\_\_\_ Claim Number \_\_\_\_\_ Date of Service \_\_\_\_\_



# Major Component Subsidy Claim Form

Program effective 1/1/10-6/30/10



Use this claim form to subsidize the expense of qualifying major components when making repairs on products covered by an NEW administered Expert Protection service policies sold 1/16/06 through 11/9/2008. **This subsidy is available to all Brand Source Service members that meet the eligibility requirements below.**

Part Cost	Subsidy	Eligibility
\$0-\$89.99	\$0.00	• Part cost must be \$90.00 or greater <input type="checkbox"/>
\$90+	\$68.00	• Brand Source Service membership must be in good standing <input type="checkbox"/>
<b>Parts Covered</b>		• Member must be actively selling Expert Protection parts and labor plans at 2008 level or 80% of 2009 <input type="checkbox"/>
Motors	Compressors	• Claim must be submitted within 30 days of call completion <input type="checkbox"/>
Transmissions	PC Boards	• Copies of parts distributor invoice, service ticket and NEW service authorization must accompany claim <input type="checkbox"/>

Customer Name \_\_\_\_\_ Brand \_\_\_\_\_ Product Type \_\_\_\_\_  
 Address \_\_\_\_\_ Model \_\_\_\_\_ Serial \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Failed Component \_\_\_\_\_ Part Number \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ \$ \_\_\_\_\_  
 Phone \_\_\_\_\_ Part Cost \_\_\_\_\_

**WEB** \_\_\_\_\_  
 Contract Number \_\_\_\_\_ Claim Number \_\_\_\_\_ Date of Service \_\_\_\_\_



### NOTE

**\$5.00 rate adder will automatically be added to subsidy payouts for qualifying BRAND SOURCE SERVICE members**

Store name \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Date \_\_\_\_\_

Fax this form to: (877) 772-0387

Questions? Email [subsidyclaim@expertprotection.com](mailto:subsidyclaim@expertprotection.com)