

## Additional Auto Insurance Assistance Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement Request ( )                      Auto Accident Deductible ( )

Premium Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

### Total Premium for Eligible Vehicles

Year	Model	Premium*
Vehicle #1 _____	_____	\$ _____
Vehicle #2 _____	_____	\$ _____
Total Premium Paid		\$ _____
Average Premium		\$ _____

### Allowance Factor Information (Total Premium x 50%)

<u>Driving Record Points</u>	<u>Allowance Factors</u>		<u>Applicable Allow Factor %</u>
	One Car	Two Cars	
( ) 0 - 2 ( )	100%	160%	Reportable Prem. Expense
( ) 3 ( )	90%	144%	\$ _____
( ) 4+ ( )	75%	120%	(Average Prem. x Allow Factor)

#### Auto Accident Deductible Report \*\*

Vehicle \_\_\_\_\_ Accident Date: \_\_\_\_\_

Total Claim \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

\*\*\*\*\*Treasury Use Only\*\*\*\*\*

Reportable Prem. Exp. \$ \_\_\_\_\_ Accident Ded. \$ \_\_\_\_\_

Less Pkg. Allowance - \_\_\_\_\_ Less Employee Share \$ 50.00

Net Auto Ins. Assist \$ \_\_\_\_\_ Net Assist. \$ \_\_\_\_\_

**Important Reminders:** The amount of assistance shall be determined by applying the appropriate factor to the average of two insured automobiles owned by and used primarily by the employee and spouse. Excessive premiums over those typical of standard vehicles shall not be considered.

\*Please attach a copy of your paid premium to this form.

\*\*Please attach a copy of the paid body shop/repair invoice to this form which indicates the amount you paid in deductible expense.