

**MONEY-BACK GUARANTEE / REFUND REQUEST FORM**  
**Terms, Conditions and Exclusions**  
**FlexCare/Mopar Vehicle Protection**

Customer Name(s):

VIN:

Plan: 8/60 EXTENDED CARE PREMIUM MONEY-BACK GUARANTEE

Plan Expiration Date: 05/06/2033

Plan Expiration Mileage: 60000

Money-Back Offer Expiration Date: 08/04/2033

**Terms:** This offer refers to the original Customer, Vehicle and FlexCare/Mopar Vehicle Protection Plan described above and in your Money-Back Guarantee Plan.

A refund of your Plan purchase price (up to a maximum of the Plan Manufacturer's Suggested Retail Price) will be made if the eligible Plan has expired by date and/or mileage as defined above, NO mechanical claims have been paid, and all other requirements as outlined below under "Conditions for Money-Back Guarantee" have been met.

**Who is Eligible?** -- Money-Back Guarantee eligibility is limited to the original purchaser or lessee of this Plan and is NOT transferable to anyone other than the original purchaser of the Plan.

**What determines the Purchase Price to be refunded?** -- Refund of the Plan purchase price is limited to the purchase price you paid at the time of the original Plan sale, as verified on the Application Form - actual refund is NOT to exceed the Manufacturer's Suggested Retail Price of the Plan. Taxes are not refundable.

**Conditions for Money-Back Guarantee**

- Plan must run the full term as defined by the Plan Expiration Date and/or Plan Expiration Mileage noted on this form.
- No mechanical component repair or diagnostic claims covered by this Plan have been submitted to Us during the duration of this Plan. Note - claims made for First Day Rental, Rental Allowance, Key Fob benefits, Roadside Assistance and Trip Interruption as a result of claims, repairs, services covered by the vehicle's manufacturer warranty are OK and do NOT exclude you from this Money-Back Offer.
- You (the original Plan purchaser) must still be in possession of the Plan and the Vehicle on which this Plan was sold at the time of requesting refund. Note: You are ineligible for refund if you have previously transferred or cancelled this Plan.
- You MUST apply for the purchase price refund using this form within 90 days of the Plan Expiration Date noted above. You may email your request to MVPMiscellaneous@FCAGroup.com.
- If you are applying for a Money-Back refund based on mileage, you must submit an odometer mileage statement, which can be obtained from your dealer.
- If applying for Money-Back refund based on total loss, you must submit proof of loss documentation supplied from your insurance company.

**NOTE: Contracts sold in the States of Florida, Washington and Wyoming are not eligible to participate in this program.**

**Exclusions**

The following conditions are exclusions to refund eligibility:

- Any FlexCare/Mopar Vehicle Protection mechanical repair claim that has been paid by the Plan.
- Vehicle is repossessed, or scrapped and the Plan has been cancelled.
- Cancelled or transferred FlexCare/Mopar Vehicle Protection Plans.
- Any condition which excludes you from receiving benefits of the FlexCare/Mopar Vehicle Protection Plan which is listed on The Plan Will Not Cover, or Apply to Loss or Expense Resulting From section of the Plan Provisions. This includes, but is not limited to unauthorized modification, alteration to the vehicle, damage or unreasonable use, damage from the environment, lack of required/recommended maintenance, and loss of lubricant or fluids.

**Refund Request Procedures**

Refund requests for the Money-Back Offer must be submitted to FlexCare/Mopar Vehicle Protection. You may email your request to MVPMiscellaneous@FCAGroup.com.

The refund request must be submitted within 90 days after the expiration of the Plan by time and/or mileage. Refund checks will be processed and mailed to you within 30 business days from receipt and approval of your Money-Back Refund Request.

FLEXCARE/MOPAR VEHICLE PROTECTION MONEY-BACK REFUND REQUEST	
REFUND REQUEST DATE	PURCHASE PRICE OF PLAN (TO BE VERIFIED BY OUR RECORD OF SALE)
NAME (PLEASE PRINT)	SIGNATURE
ADDRESS	PHONE NUMBER
CITY	STATE ZIP

ORIGINAL - PLEASE RETURN THIS FORM

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CITY	STATE ZIP

RETAIN THIS COPY FOR YOUR RECORDS