



Mercedes-Benz

PROGRAM GUIDELINES

Through this program, Mercedes-Benz USA, LLC will provide a reimbursement to eligible customers who install qualifying adaptive driver or passenger equipment on a purchased or leased new Mercedes-Benz vehicle during the program period which may be discontinued by MBUSA at its discretion.

1. This program applies to vehicles sold or leased and delivered through an authorized U.S. MB dealer on which adaptive equipment has been installed by an NMEDA certified mobility installer.
2. The adaptive equipment must be installed within six months of new vehicle purchase or lease. An application form with all required supporting documentation must be submitted to the Customer Assistance Center within 60 days of complete installation of adaptive equipment. Note that all adaptations must have medical documentation.
3. Adaptive equipment is defined as equipment that is required by persons with a permanent disability to drive, enter, exit and/or be transported safely in a Mercedes-Benz motor vehicle. Factory-optional equipment is not reimbursable under this program. A prescription or note from a licensed medical doctor on physician's letterhead with a specific diagnosis is required for reimbursement.
4. Conversions to M-Class, G-Class and R-Class models may be reimbursed up to a maximum of \$1,000. Conversions to all other eligible Mercedes-Benz models qualify for reimbursement up to a maximum of \$750. Side steps or running boards qualify for reimbursement up to \$400 out of the maximum reimbursement available.
5. The application form must be completed in its entirety along with all required documentation and signed by the customer and dealership.
6. Mercedes-Benz USA, LLC will be the final judge as to the eligibility, interpretation and fulfillment of all elements of this program. Any payment or benefits received are subject to the Program Guidelines. Payments made by Mercedes-Benz USA, LLC hereafter constitute good will reimbursements to assist new Mercedes-Benz purchasers with the installation of special need mobility equipment and such payment does not represent any approval of the equipment or installation method or otherwise constitute a representation or warranty regarding the fitness, quality, appropriateness, effectiveness or suitability for use with Mercedes-Benz products or any other warranty of any type with respect to the equipment or its installation.
7. A copy of the application form, a copy of the adaptive equipment company's itemized paid invoice, vehicle registration and a prescription or note from a licensed medical doctor on physician's letterhead stating the specific diagnosis (when required) must be mailed to the following address:

**CUSTOMER ASSISTANCE CENTER
3 MERCEDES DR.
MONTVALE, NJ 07645**

Customer is responsible for submitting this application. Payment to the individual customer will be mailed within six weeks after receipt of an **approved** claim form and all required documentation.

**PLEASE CALL
CUSTOMER ASSISTANCE CENTER
WITH ANY QUESTIONS:**

1-800-FOR-MERCedes