



2020 Tire Purchase Rebate Claim Form

Program Highlights:

- Full-time employees and part-time employees classified by Michelin as eligible to retire can rebate up to 8 tires per year, up to a maximum cumulative rebate of \$750 for the year. Part-time, Co-op, Technical Scholar, Intern employees, and Retirees can rebate up to 4 tires per year, up to a maximum cumulative rebate of \$375 for the year.
- Purchases of Michelin, BFGoodrich, and Uniroyal brands are eligible for rebate. Passenger, light truck, motorcycle, and utility trailer tires count as one tire each toward your yearly tire allotment. Michelin manufactured bicycle tires are also eligible for rebate, with each bicycle tire counting as .5 of a tire towards your yearly tire allotment.
- Tires purchased in 2020 are eligible for this rebate. Eligible tire purchases made in 2020 can be submitted for rebate through March 31, 2021. Eligible tire purchases made in 2019 can be submitted for rebate through March 31, 2020 using the 2019 Tire Purchase Rebate Claim Form.
- Eligible requests with correct paperwork will typically be processed in approximately 4 weeks from the time you mail this form.
- Review the current Summary Plan Description (SPD) for the Rebate Program for complete program details prior to tire purchases to determine if your purchase will meet the program requirements. The SPD is available via the Personnel Service Center (PSC) on-line at www.PersonnelServiceCenter.com or by phone (877) 435-7868.

Receive your rebate faster! Submit this information online at employeetirebenefits.michelin.net instead of mailing in this form.

Step 1: Required Rebate Information

Name	first	last	last 4 digits of ssn	home facility (required if active employee)
Address	street	city	state	postal code
Contact Phone	Email		Chorus ID	Employee DOB
Tire Brand Purchased: <input type="checkbox"/> Michelin <input type="checkbox"/> BFGoodrich <input type="checkbox"/> Uniroyal	Tire Line (MXV, T/A, etc.) (a separate rebate form must be submitted for each tire line purchased)			Size
	Individual Tire Price \$ _____ x number of tires purchased _____ quantity x 0.30 = \$ _____ Rebate Amount			
Rebates will be issued for 30% of the tire(s) price only. Rebates will not be made for costs associated with mounting, balancing, valve stems, applicable taxes, etc.				
Tires Purchased For: <input type="checkbox"/> Self <input type="checkbox"/> Relative	first name	last name	relationship	
	If these tires are purchased for an eligible relative (see below for eligible relatives) please provide the mailing address for the reward card. NOTE: The name on the invoice and registration MUST match to be valid:			
street				
city				
state				
postal code				
Has this purchase been submitted for a separate rebate program? (i.e. Consumer Reward Programs) <input type="checkbox"/> Yes <input type="checkbox"/> No				
By signing below, I acknowledge that these tires are for use by myself or an eligible relative—spouse, parent, grandparent, child, brother, sister, in-law (students and retirees can rebate tires purchased for themselves or their spouse only). All information that I have provided with this rebate request is true and complete. I am aware that any falsification of this information is subject to disciplinary action, up to and including loss of program eligibility and termination of employment.				
Signature:			Date:	

Step 2: Rebate Documentation Information (make copies for submission as documentation will not be returned to you)

I have:	<input type="checkbox"/> Attached a copy of the tire purchase information . This documentation must clearly show the name and address of the dealer/outlet where the tire purchase was made. It must also clearly show who purchased the tire(s), the tire brand, line, size, and quantity purchased. If purchased online, proof of installation must accompany invoice.
	<input type="checkbox"/> Attached a copy of the vehicle registration (not title) for the vehicle using the tires. Vehicle registrations must be in effect at the time of purchase. The purchaser on the invoice must also match the vehicle registration. For Utility Trailers: If your state of residency does not require trailers to have a vehicle registration, please provide the trailer title for your documentation.

Step 3: Submit Claim Form

Send the rebate claim form and required tire purchase information

by mail:	or by fax:
2020 Michelin Employee Tire Purchase Rebate Program	(309) 736-8101
PO Box 350	
Milan, IL 61264-0350	

For all rebate related questions, please visit employeetirebenefits.michelin.net or call (888)-276-3190.



MICHELIN

BFGoodrich
Tires

UNIROYAL

2020 Service Award Quote Form

This form is for the Service Award program. Use this form if you are using the Pre-fund method of submission for your Service Award Funds and your dealer does not have a quote form. **If you've chosen the Refund method of submission for your Service Award, you do not need to use this quote.**

Please follow the below steps to ensure timely processing of your Service Award submission.

1. Have this form filled out in its entirety by the dealer from which your tire purchase will be made.
2. Submit the completed Quote Form and vehicle registration online at employeeetirebenefits.michelin.net.
3. Receive your Reward Card.
4. Use your reward card to purchase your tires.
5. Submit your invoice as proof of purchase for reconciliation purposes at employeeetirebenefits.michelin.net.
You may be responsible for any charges in excess of your Service Award amount.

Please note:

From the time your tire purchase prefunding is received to the time your tire purchase is made and receipt is provided for reconciliation purposes should be no greater than two weeks. Failure to provide a final invoice may result in your loss of eligibility and possible disciplinary action, up to and including termination.

Dealer Information		
Dealer Name	Dealer Contact Name	Dealer Phone

Required Employee Information			
Employee Name			
FIRST	LAST	CHORUS ID	HOME FACILITY
Employee Address			
STREET	CITY	STATE	POSTAL CODE
Employee Contact Phone	Employee Email	Employee DOB	

Quote Information				
Tire Brand Purchased	<input type="checkbox"/> MICHELIN <input type="checkbox"/> BFGOODRICH <input type="checkbox"/> UNIROYAL	Tire Brand/Tire Line (Premier, Advantage, etc.)	Tire Size	Tire Quantity
Vehicle	Price (for each tire)	Amount Quoted (excluding tax, mounting, balancing and additional fees)	Expiration of Quote (if applicable)	Estimated Date of Purchase

Tire Purchased For:	<input type="checkbox"/> Self <input type="checkbox"/> Relative	first name	last name	relationship
If these tires are purchased for an eligible relative (see below for eligible relatives) please provide the mailing address for the reward card. NOTE: The name on the quote and registration MUST match to be valid:				
		street	city	state postal code

Employee Acknowledgment
<p>By signing below, I acknowledge that these tires are for use by myself or an eligible relative (<u>eligible relatives include: spouse or qualified domestic partner or any dependent children otherwise eligible for Michelin medical benefits, up to age 26</u>). All information that I have provided with this Service Award request is true and complete. I understand that if I receive a prefunded amount greater than the final tire cost I will be responsible to send a check to Michelin for the amount over the cost of the tires to avoid loss of eligibility and possible disciplinary action.</p>
Employee Signature:
Date:

Submit Quote Form
Upload this form to employeeetirebenefits.michelin.net , or fax to 309-736-8101 to receive your Service Award via Reward Card.

For all Service Award related questions, please visit employeeetirebenefits.michelin.net or call (888) 276-3190.