

**REQUEST FOR REIMBURSEMENT FORM
SC212 -2013-2015 MY OPTIMA HYDRAULIC ELECTRONIC CONTROL UNIT (HECU)
SAFETY RECALL CAMPAIGN**

If you have incurred expense to remedy this issue prior to the date of this notice, you may have the opportunity to obtain reimbursement for that expense. You may **submit your receipts online to Kia via the Owners section of www.kia.com (MyKia>Contact Us or directly at this link: <https://ksupport.kiausa.com/ConsumerAffairs>)**.

If you do not have access to a computer or prefer to submit your request by mail, please complete this Request for Reimbursement and mail it to the following address for review and consideration, along with backup documentation:

Consumer Assistance Center
Kia America, Inc.
P. O. Box 52410
Irvine, CA 92619-2410
1-800-333-4542

Please allow at least sixty (60) days for review and response.

Customer First Name: Customer Last Name:

Customer Address:

Customer City: State: Zip:

Phone #: () - Email:

Vehicle Identification Number:

Mileage at Time of Repair: Date of Repair: / /

Amount of Reimbursement Requested \$

Attach the following:

- **Repair Order showing:**
 - Name & address of person paying for the repair
 - Vehicle Identification Number (VIN) of vehicle repaired
 - **Description of the problem repaired**
 - Date of repair, mileage at the time of repair and total cost of claimed repair expense
- **Evidence of Payment of Repair showing:**
 - Date of Payment
 - Amount Paid (e.g., copies of cancelled check or credit card receipt)

I certify that the documents attached to this Request for Reimbursement are true and accurate and should be used as the basis for a reimbursement to me under this campaign.

CLAIMANT'S SIGNATURE:

Signature

Print Name