

Adaptive Equipment Conversion Request

Company Vehicle Operations

Company Vehicle Operations will allow the installation of physically challenged equipment to Corporate Lease Vehicles. The equipment must be prescribed by a physician. The equipment must be installed for the lessee, lessee's spouse or a dependent child under the age of 26, by one of the Corporation's approved conversion facilities.

In addition to providing the information requested on this form, a copy of the physician's prescription and a written estimate from the Conversion Company must be submitted. Upon receipt of the information, Company Vehicle Operations will review your request and notify you with the final determination.

Complete the Required Information Below

Lessee's Name:

Last

First

CID:

Name of the individual the conversion is for:

Last

First

Retiree Spouse Dependent

VIN:

(last 8 characters)

Year:

Make:

Model:

Conversion Cost Exceeding \$1,500.00

I understand that the cost of the conversion will be added to the total amount of my lease vehicle and will be reflected in my monthly lease vehicle payment. Furthermore, I understand that I am obligated to lease this vehicle from the Lease Vehicle Program for a period of four model years, at the current lease rate, with the option to purchase at the end of that term. If the vehicle is to be turned in, all conversion equipment must remain with vehicle.

- I will pay for the conversion.
 I will have the conversion company bill FCA direct.

Conversion Cost Below \$1,500.00

- I understand that Company Vehicle Operations will grant permission for the conversion to be completed on the vehicle (at custodian's non-reimbursable expense). Custodian will have the option to lease this vehicle (excluding cost of conversion) from the Lease Vehicle Program for a one model year period not to exceed four model years with the option to purchase at the end of that term. If the equipment is removed, the vehicle must be restored to its original condition. I also understand FCA will not provide insurance coverage for the conversion equipment.

Participant's Signature: **X**

Date:

To be Completed by Company Vehicle Operations Only:

Approved by: **X**

Date:

A signed copy of this form may be provided to the Conversion Company to proceed with the conversion. If the Corporation is to pay the Conversion Company direct, the bill should be sent to:

Company Vehicle Operations
4300 South Lapeer Road, CIMS: 438-01-00
Orion Township, MI 48359
FAX Number: (248) 512-0571

COMPANY VEHICLE OPERATIONS PHYSICALLY CHALLENGED CONVERSION POLICY

This is the Policy for corporate lease car participants who require conversions for the physically challenged.

COST EXCEEDING \$1,500

- I. FCA will allow conversion equipment totaling \$1,500 or more to be added to Corporate Lease Vehicles. Once the equipment has been installed it will be added to the vehicle invoice. Subsequently, the monthly lease payment will increase to include the cost of the conversion equipment. Corporate insurance is included.
- II. The lessee is responsible for the cost of the conversion and can either pay for the conversion up-front or have the conversion company bill FCA direct.
- III. The lessee must retain the vehicle for four model years. At the end of the four model year period the lessee can either purchase the vehicle or order a replacement. The conversion equipment remains with the vehicle.

COST BELOW \$1,500

- I. The lessee will be responsible for the cost of the equipment installation. The equipment will not be added to the invoice and is not covered by Corporate insurance.
- II. The lessee may retain the vehicle up to four model years.
- III. At the end of the one model year lease period the lessee may purchase the vehicle. If the lessee decides to turn the vehicle in and order a replacement, the equipment must be removed and the vehicle restored to its original condition.

Note: In both scenarios, the lessee must submit the conversion request form to Company Vehicle Operations to obtain approval.

Send request form to:
**Company Vehicle
Operations
4300 South Lapeer Road
CIMS: 438-01-00
Orion Township, MI 48359
FAX Number: (248) 512-0571**