

## SATURN SERVICE PLAN GOODWILL WORKSHEET

Owner Information - to be completed by the CAM					
VIN	<u>5Z</u> <span style="background-color: black; color: black;">[REDACTED]</span>	If VUE, AWD or FWD? _____			
Retailer Code **	<u>10047</u>	In-service date	<u>11/9/2004</u>	Current Mileage	<u>23,108</u>
Plan Date	<u>11/30/2005</u>	Owner's Name	<span style="background-color: black; color: black;">[REDACTED]</span>	SR Number	<u>1-18404114</u>

\*\* If SCAC is goodwilling the complete cost of plan, use Retailer Code "10047." If a split, use the code for facility you are working with. If an upgrade, use facility where original plan was input.

**X**            **SCAC is goodwilling the complete cost of the service plan**

Plan Information

a) Plan Code            YU

b) Labor Op            x3077

c) Plan Cost            \$ 590.00

**Cost of the service plan is being split**

Plan Information

a) Plan Code            \_\_\_\_\_

b) Labor Op            \_\_\_\_\_

c) Plan Cost            (enter) (enter lines c, e and f; line d will be calculated)

d) Saturn \$            #VALUE!

e) Retailer \$            (enter)

f) Customer \$           (enter)

Note: d+e+f must add up to c. Customer participation amount must be paid at the facility.

Advise the facility that the plan will be billed to the facility. The facility must submit a goodwill claim to recoup Saturn's participation amount (line d).

**Current service plan is being upgraded by SCAC**

1. Original Plan Information (**OBTAIN THIS INFO FROM HISTLIST**)

a) Facility Code            \_\_\_\_\_

b) Plan Code              \_\_\_\_\_

c) Labor Op                \_\_\_\_\_

d) Date original plan was entered \_\_\_\_\_

e) Mileage original plan was entered \_\_\_\_\_

f) Retail cost              \_\_\_\_\_

g) CP for original plan    \_\_\_\_\_

2. Upgrade Plan Information

h) Plan Code              \_\_\_\_\_

i) Labor Op                \_\_\_\_\_

j) Retail cost on date (line d) \_\_\_\_\_

Advise the retailer that sold the original plan that the upgrade plan will be billed to them and the original plan will be cancelled. The retailer must submit a goodwill claim for the difference in plans. Give the retailer the amount below and a goodwill SR number.

Goodwill Reimbursement Amount:                            \$ \_\_\_\_\_ -

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**