

## REIMBURSEMENT PLAN

### **Requirements for Reimbursement**

If you meet **all** of the following requirements, you are eligible to receive reimbursement under this plan:

1. You own or have owned a 2016 Mazda6 vehicle produced from November 24, 2014 through December 9, 2015.  
**Please do not send your title or registration, as these are NOT required.**
2. You have paid for repair or replacement of the occupant classification sensor (OCS) harness or front passenger seat cushion due to the conditions outlined in this recall campaign prior to launch of the recall.
3. You have an original or legible copy of the paid repair order or invoice receipt showing:
  - Vehicle model and year, and vehicle identification number (VIN)
  - Your name and address at the time of repair
  - Description of the concern reported
  - Repair or replacement of the OCS harness or front passenger seat cushion

***PLEASE DO NOT SUBMIT THIS FORM WITHOUT THE ABOVE DOCUMENTATION.***

4. Mail this reimbursement application form with the applicable payment receipts in the enclosed envelope to:

**Mazda North American Operations  
Attn: Recall Reimbursement Dept.  
P.O. Box 57085  
Irvine, CA 92619-7085**

### **Procedure for Reimbursement Request**

If your vehicle has had the OCS harness or front passenger seat cushion repaired or replaced due to the conditions outlined in this recall campaign prior to the launch of the recall, you may apply for reimbursement by doing the following:

1. Complete the Reimbursement Application Form found on the reverse side of this page.
2. Once your vehicle has been repaired according to the recall instructions, mail the Reimbursement Application Form with a legible copy of the paid repair order and/or invoice using the enclosed envelope. Include any applicable payment receipts, i.e. credit card receipt, cancelled check, etc.
3. **Retain copies** of the paid repair order or invoice and this application form for your records.
4. You will be reimbursed for the amount you have paid for repair or replacement of the OCS harness or front passenger seat cushion.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

(SEE REVERSE SIDE FOR APPLICATION FORM)

