

# FAD 100% Satisfaction Guarantee Claiming Process



# OVERVIEW

- All requests must be within 1 year of installation
- Applies to Carrier (CFAD) or Bryant (BFAD)
- Two bulletins have been set up for claiming:
  - WTY020008: Unit Exchange, “Like for Like” replacement
  - WTY020008R: Refund
- Requirements
  - Homeowner registration form completed and attached to claim
  - TSM Approval is required and can be:
    - Attached to the claim
    - Entered as a Comment on the Claim

Salesforce Case # containing TSM approval referenced in diagnosis/comment field on the Claim (will also be accepted)

# FAD PROGRAM REQUIREMENTS

- Can only be used by CFAD or BFAD
- Signed Homeowner's Registration Form must be attached to the claim
- Used as a last resort to satisfy the customer after all attempts to correct the issue have been exhausted
- Distributor Service Manager (DSM) must be involved prior to the unit / system replacement to assure all technical and application issues have been addressed
- TSM must be engaged in the approval process
- All other conditions and limitations listed in the Distributor / Dealer guidelines and on the Homeowner's Registration Form apply

# CLAIMING PROCESS

- Dealer attempts to correct the problem to the customer's satisfaction
- If dealer is unsuccessful, obtains approval from the Distributor Service Manager (DSM) to replace the unit with similar equipment or issue a refund to the customer for the price of the unit (as stated on the Homeowner's Registration form)
- The Distributor Service Manager (DSM) will engage the TSM before granting approval to the dealer to proceed (*Note: TSM Approval is required when the claim is submitted.*)
- Dealer enters a claim in ServiceBench® referencing Bulletin Number WTY020008 or WTY020008R
- A copy of the Homeowner's Registration Form must be attached to the claim

# CLAIMING PROCESS

The factory review process will include:

- Confirmation that the Homeowner's Registration Form is attached to the claim
- Model and serial number on claim matches model and serial number on the Homeowner's Registration Form
- Dealer information on claim matches dealer information on Homeowner's Registration Form
- Correct Bulletin Number has been referenced on claim
- "Like for Like" unit exchange
- Claim approval by TSM
- Refund amount matches equipment sale price from the factory to the distributor
- Original units removed from service to prevent future claiming
- Request is within 1 year of installation

# FAD UNIT EXCHANGE

- Bulletin# WTY020008
- Use when replacing like for like model equipment



Warranty Department

**WTY020008**

1. **Warranty Type\*** would be "Bulletin" (NOTE: this will update to "Unit Exchange" when you **Submit** the Claim).
2. **Bulletin/Authorization Number** is WTY020008.
3. Enter the **Replacement Model Number** ("like for Like" model).
4. Enter the **Replacement Serial Number**.

## Claiming Process

The screenshot shows the SERVICEBENCH WARRANTY CLAIM form. The form is divided into several sections: SERVICEBENCH header, navigation menu, WARRANTY CLAIM summary, Service Administrator Information section, EQUIPMENT INSTALLATION INFORMATION, and SERVICE DETAIL INFORMATION. Red circles 1 through 4 highlight specific fields in the SERVICE DETAIL INFORMATION section: 1. Warranty Type\* (set to Unit Exchange), 2. Bulletin/Authorization Number (WTY020008), 3. Replacement Model Number (24V803241BND), and 4. Replacement Serial Number (2021E).

Field	Value
Claim Number	03940000
Account Number	
Created By	
Claim Status	Requires Review
Claim Date	08/14/2021
Claim Submitted Date	08/21/2021
Amount Approved	0.00

Service Administrator Information section

Manufacturer	CARRIER	Carrier Corporation
Dealer		
Manufacturer Location		
Reference Number	34014	
Model Number*	24V803241BND	
Serial Number	3420	
Warranty Type*	Unit Exchange	

EQUIPMENT INSTALLATION INFORMATION

Equipment Owner Company Name	
Installation Owner First Name	
Installation Address*	
City, State/Province, Postal Code*	
Country*	UNITED STATES
Phone 1	
Phone 2	
Application Type	Owner Occupied Residential
Original Equipment Owner	Yes

SERVICE DETAIL INFORMATION

Fail Date*	06/04/2021
Optional Contract Number	WTY020008
Bulletin/Authorization Number	WTY020008
Replacement Model Number	24V803241BND
Replacement Invoice Number	1779820-00
Replacement Disposition	Hold for 30 days
Replacement Approved Amount	
Number of Part Lines	0
Repair Date*	06/04/2021
CCS/EKO Job Number	
Credit Card Payment	<input type="checkbox"/>
Replacement Serial Number	2021E
Replacement Unit Price	
Replacement Mark Up	
Requested Replacement Amount	

# FAD REFUND

- Bulletin# WTY020008R
- Use when owner wants equipment removed and not replaced
- Or
- Replacing Original unit with a different model
- Replacement unit will need to be registered



Warranty Department

**WTY020008R**

1. **Warranty Type\*** would be "Bulletin".
2. **Bulletin/Authorization Number** is WTY020008R.
3. Leave the **Replacement Model Number** BLANK.
4. Leave the **Replacement Serial Number** BLANK.

## Claiming Process

**SERVICEBENCH** CACT19P (Carrier Corporation) Help

HOME CLAIMS CONTRACTS REGISTRATIONS REPORTS ADMIN

Claim Inbox • Claim Review • Product History • Entitlements • Printer Version • Manage Attachments

Claim Number: CRP24  
Account Number: [REDACTED]  
Created By: [REDACTED]  
Claim Status: Requires Review  
Claim Date: 03/19/2021  
Claim Submitted Date: 06/18/2021  
Amount Approved: \$0.00

Reject Code \* [Select Reject Code] \*\* PAPER CLAIM \*\* YES [v] Reject Text [REDACTED]

Service Administrator Information section  
Warranty Policy Code: CP205 Part Multiseller: [REDACTED]  
Plan ID: [REDACTED] Plan Type: [REDACTED]

Review Items  
00 - All review all claims for this bulletin.

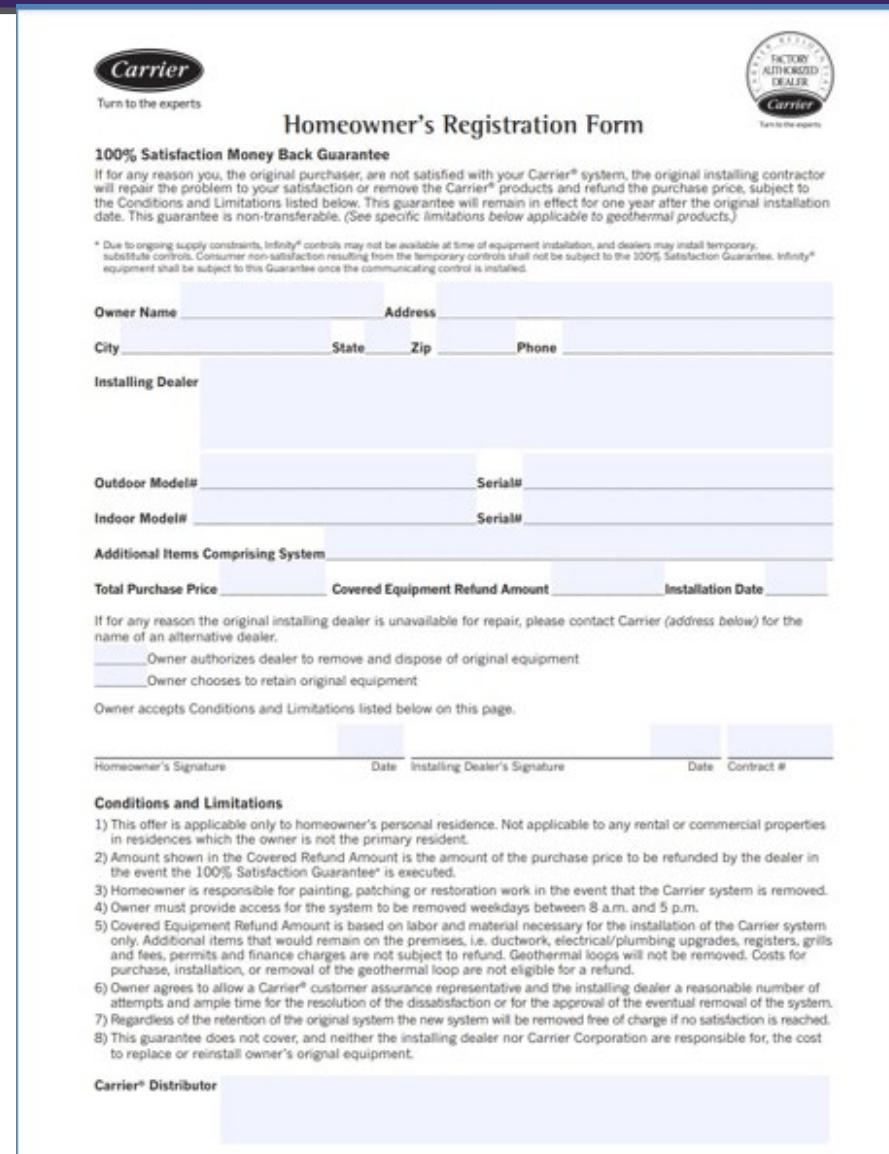
Manufacturer: CARRIER - Carrier Corporation  
Dealer: [REDACTED] Dealer Location: [REDACTED]  
Distributor: [REDACTED] Distributor Location: [REDACTED]  
Reference Number: CRP3  
Model Number\*: FV4CNF003\_W [REDACTED]  Competitive Equipment  
Serial Number: 1820F [REDACTED]  Stock Unit  
Warranty Type\*: Bulletin **1** Unit Installed/Startup Date: 05/20/2020

**EQUIPMENT INSTALLATION INFORMATION**  
Equipment Owner Company Name: [REDACTED]  
Installation Owner First Name: [REDACTED] Installation Owner Last Name: [REDACTED]  
Installation Address\*: [REDACTED] Address Line 2: [REDACTED]  
City, State/Province, Postal Code\*: [REDACTED]  
Country\*: UNITED STATES  
Email: [REDACTED]  
Phone 1: [REDACTED] Phone 2: [REDACTED]  
Application Type: Owner Occupied Residential Original Equipment Owner: Yes

**SERVICE DETAIL INFORMATION**  
Fail Date\*: 03/12/2021 Repair Date\*: 03/12/2021  
Optional Contract Number: [REDACTED] CC/OSO Job Number: [REDACTED]  
Bulletin/Authorization Number: WTY020008R **2**  Credit Card Payment  
Replacement Model Number: [REDACTED] **3** Replacement Serial Number: [REDACTED] **4**  
Replacement Invoice Number: [REDACTED]  
Replacement Disposition: [REDACTED]  
Replacement Approved Amount: [REDACTED] Requested Replacement Amount: [REDACTED]  
Number of Part Lines: 0

# HOMEOWNER'S REGISTRATION FORM

- Must be filled out completely
- Both signatures required
- Original equipment model/serial number goes on the form
- Must be attached to the FAD 100% satisfaction claim



The image shows a Carrier Homeowner's Registration Form. At the top left is the Carrier logo with the tagline "Turn to the experts". At the top right is a circular seal for "FACTORY AUTHORIZED DEALER" with the Carrier logo and tagline. The title "Homeowner's Registration Form" is centered. Below the title is the "100% Satisfaction Money Back Guarantee" section, which includes a paragraph explaining the guarantee and a footnote about Infinity controls. The form contains several input fields: Owner Name, Address, City, State, Zip, Phone, Installing Dealer, Outdoor Model#, Serial#, Indoor Model#, Serial#, Additional Items Comprising System, Total Purchase Price, Covered Equipment Refund Amount, and Installation Date. There are also checkboxes for authorizing dealer removal of equipment and retaining original equipment, and a line for the owner to accept conditions. At the bottom, there are signature lines for the Homeowner and Installing Dealer, with fields for Date and Contract #. A "Conditions and Limitations" section follows, listing eight numbered items. The form ends with a "Carrier® Distributor" field.

**Carrier**  
Turn to the experts

**FACTORY AUTHORIZED DEALER**  
Carrier  
Turn to the experts

### Homeowner's Registration Form

**100% Satisfaction Money Back Guarantee**  
If for any reason you, the original purchaser, are not satisfied with your Carrier® system, the original installing contractor will repair the problem to your satisfaction or remove the Carrier® products and refund the purchase price, subject to the Conditions and Limitations listed below. This guarantee will remain in effect for one year after the original installation date. This guarantee is non-transferable. (See specific limitations below applicable to geothermal products.)

\* Due to ongoing supply constraints, Infinity® controls may not be available at time of equipment installation, and dealers may install temporary, substitute controls. Consumer non-satisfaction resulting from the temporary controls shall not be subject to the 100% Satisfaction Guarantee. Infinity® equipment shall be subject to this Guarantee once the communicating control is installed.

Owner Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Installing Dealer \_\_\_\_\_

Outdoor Model# \_\_\_\_\_ Serial# \_\_\_\_\_  
Indoor Model# \_\_\_\_\_ Serial# \_\_\_\_\_

Additional Items Comprising System \_\_\_\_\_

Total Purchase Price \_\_\_\_\_ Covered Equipment Refund Amount \_\_\_\_\_ Installation Date \_\_\_\_\_

If for any reason the original installing dealer is unavailable for repair, please contact Carrier (address below) for the name of an alternative dealer.  
\_\_\_\_\_ Owner authorizes dealer to remove and dispose of original equipment  
\_\_\_\_\_ Owner chooses to retain original equipment

Owner accepts Conditions and Limitations listed below on this page.  
\_\_\_\_\_

Homeowner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Installing Dealer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Contract # \_\_\_\_\_

**Conditions and Limitations**

- 1) This offer is applicable only to homeowner's personal residence. Not applicable to any rental or commercial properties in residences which the owner is not the primary resident.
- 2) Amount shown in the Covered Refund Amount is the amount of the purchase price to be refunded by the dealer in the event the 100% Satisfaction Guarantee\* is executed.
- 3) Homeowner is responsible for painting, patching or restoration work in the event that the Carrier system is removed.
- 4) Owner must provide access for the system to be removed weekdays between 8 a.m. and 5 p.m.
- 5) Covered Equipment Refund Amount is based on labor and material necessary for the installation of the Carrier system only. Additional items that would remain on the premises, i.e. ductwork, electrical/plumbing upgrades, registers, grills and fees, permits and finance charges are not subject to refund. Geothermal loops will not be removed. Costs for purchase, installation, or removal of the geothermal loop are not eligible for a refund.
- 6) Owner agrees to allow a Carrier® customer assurance representative and the installing dealer a reasonable number of attempts and ample time for the resolution of the dissatisfaction or for the approval of the eventual removal of the system.
- 7) Regardless of the retention of the original system the new system will be removed free of charge if no satisfaction is reached.
- 8) This guarantee does not cover, and neither the installing dealer nor Carrier Corporation are responsible for, the cost to replace or reinstall owner's original equipment.

Carrier® Distributor \_\_\_\_\_



# HOW TO ATTACH FORMS TO CLAIM

- Select “Manage Attachments” near the top of the screen

**SERVICEBENCH** CACT19P (Carrier Corporation) Help

HOME CLAIMS CONTRACTS REGISTRATIONS REPORTS ADMIN

Claim Inbox Claim Review Product History Entitlement Printer Version **Manage Attachments**

Claim Number	CF024
Account Number	
Created By	
Claim Status	Requires Review
Claim Date	03/19/2021
Claim Submitted Date	06/18/2021
Amount Approved	\$0.00

\*\* PAPER CLAIM \*\* YES

Reject Code: Select Reject Code Reject Text

Service Administrator Information section

Warranty Policy Code: CP205 Part Multiplier: Plan ID: Plan Type:

Review Items

09 - With review of claims for the bulletin

Manufacturer: CARRIER - Carrier Corporation

Dealer: Dealer Location:

Distributor: Distributor Location:

Reference Number: CRP3

Model Number\*: FV4CNF003L00 Competitive Equipment

Serial Number: 1820F Stock Unit

Warranty Type\*: Bulletin Unit Installed/Startup Date: 06/20/2020

\*\*\*\*\* Hit the SAVE key to auto populate the unit registration information

**EQUIPMENT INSTALLATION INFORMATION**

Equipment Owner Company Name: Installation Owner Last Name:

Installation Address\*: Address Line 2:

City, State/Province, Postal Code\*: Country\*: UNITED STATES

Email: Phone 1: Phone 2:

Application Type: Owner Occupied Residential Original Equipment Owner: Yes

**SERVICE DETAIL INFORMATION**

Fail Date\*: 03/12/2021 Repair Date\*: 03/12/2021

Optional Contract Number: CC/S/O Job Number:

Bulletin/Authorization Number: WTY02000R Credit Card Payment

\*\*\*\*\* If the unit has been replaced fill in the New Model and Serial Number

Replacement Model Number: Replacement Serial Number:

Replacement Invoice Number: Replacement Unit Price:

Replacement Disposition: Replacement Mark Up:

Replacement Approved Amount: Requested Replacement Amount:

Number of Part Lines: 0

# ATTACH FACTORY GATEWAY CASE# TO CLAIM

- Add Gateway case# in comments at bottom of the screen
- Technical support will provide the factory Gateway case#

# UNSURE IF CLAIM WAS ENTERED CORRECTLY?

Select “Save” at the bottom of the screen and send your claim number to tech support before selecting “Submit”.

Tech support will review your claim for errors to ensure the claim gets approved on the first attempt