



Service Operating Guide

Date	Supersedes	Subject	Section	Page
2/01/10	10/01/09	SERVICE DOCUMENT PROCEDURE	B	1

Whirlpool Corporation will reimburse Independent Service Contractors for in-warranty labor on completed service calls in accordance with the warranty payment schedule of the current Service Agreement. The Customer eXperience Center (CxC) TPSS must approve payments in excess of this schedule, prior to claim submission. The ISC must indicate the authorization number in the appropriate field of the claim form (paper or electronic), or the claim will be rejected.

The following procedures shall be followed and/or included for a proper documented service claim:

- Complete and accurate customer information including customer telephone number and (an alternate telephone such as a work or cellular phone number) should be recorded on the service work order for verification purposes.
- A **valid signature** obtained from the customer or the customer's representative.
- A copy of the service order must be retained in your files per section I paragraph M of the service agreement.
- A copy of the **completed** service work order shall be left with the customer for all service performed.
- If appropriate records are not available per section I paragraph M of the service agreement and are not verifiable for audit purposes, Whirlpool Corporation, (at its discretion) may process a bill-back for the entire repair (parts, parts handling fee and labor).
- Omission of required information, such as the "customer phone number" or incomplete/vague diagnosis and action taken for repair, is grounds for rejection of the claim or a "bill-back". Please review the NARDA format if in question. (See section B page 3)

Whirlpool from time to time performs audits on warranty claims. **ANY FALSIFICATION OR MISREPRESENTATION MADE ON A SERVICE DOCUMENT SUBMITTED FOR PAYMENT WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF THE SERVICE AGREEMENT, AND MAY RESULT IN CIVIL AND CRIMINAL PROSECUTION. ALL QUESTIONS REGARDING CLAIMS HANDLING SHOULD BE DIRECTED TO THE CXC PARTNER TEAM. Requests for documentation of claims should be responded to immediately to avoid delay in payments.**

LABOR WARRANTY

Labor warranty provisions vary with each product and brand manufactured or sold by Whirlpool. The specific labor warranty coverage is detailed in the warranty document enclosed with each product. It is the responsibility of the Service Company to be familiar with, and adhere to, these warranty provisions in providing service to the customer. Questions regarding warranty coverage should be directed to the CXC Partner Team.

LABOR WARRANTY PROCEDURE

To claim warranty labor reimbursement, the Service Company must submit a complete and accurate service document to Whirlpool for payment. Warranty claims may be submitted electronically through ServiceBench or manually by using a claim form. **ALL WARRANTY CLAIMS HAVE A SUBMITTAL DEADLINE OF 45 DAYS FROM THE SERVICE COMPLETION DATE. CLAIMS SUBMITTED LATER THAN 45 DAYS WILL BE REJECTED.**



Service Operating Guide

Date	Supersedes	Subject	Section	Page
2/01/10	10/01/09	SERVICE DOCUMENT PROCEDURE	B	2

If a warranty claim is rejected for any reason, the Service Company will have 30 days to correct and resubmit the claim. After 30 days, a new reject code will be applied and the claim will not be eligible for payment.

Payment for warranty labor will be made by check issued by ServiceBench, to the submitting ISC. Electronic Funds Transfer (EFT), through ServiceBench, is also available. See <https://www.servicebench.com> for more details.

WARRANTY CLAIMS SUBMITTAL

- All information relative to the repair of the appliance must be supplied in the appropriate areas and, if using paper claims, must be legible. Omitted, incomplete, or illegible information will result in non-payment of the claim.
- Freight charges for warranty parts are to be paid by the Service Company. Including freight costs as an item of burden expense when establishing the service call rate provides recovery of this expense.
- If you submit paper warranty claims, a processing fee of \$3.00 will be deducted from your warranty check for each claim paid.

THE FOLLOWING PAGES CONTAIN CLAIM FORM INSTRUCTIONS AND EXAMPLES. THIS ILLUSTRATES THE INFORMATION REQUIRED FOR CLAIM PAYMENT.



Service Operating Guide

Date 2/01/10	Supersedes 10/01/09	Subject SERVICE DOCUMENT PROCEDURE	Section B	Page 3
------------------------	-------------------------------	--	---------------------	------------------

1. **WARRANTY** **PART WARRANTY** **SPECIAL AUTHORIZATION#** _____ **OTHER**

<table style="width: 100%;"> <tr> <td style="width: 30%;">BRAND 2.</td> <td style="width: 40%;">PRODUCT TYPE 3.</td> </tr> <tr> <td>MODEL NUMBER 4.</td> <td>SERIAL NUMBER 5.</td> </tr> </table>	BRAND 2.	PRODUCT TYPE 3.	MODEL NUMBER 4.	SERIAL NUMBER 5.	SERVICE INVOICE NO. <u>M08966Z-1</u>																																														
BRAND 2.	PRODUCT TYPE 3.																																																		
MODEL NUMBER 4.	SERIAL NUMBER 5.																																																		
<table style="width: 100%;"> <tr> <td style="width: 60%;">FIRST INITIAL</td> <td style="width: 10%;">MIDDLE INITIAL</td> <td style="width: 30%;">LAST NAME</td> </tr> <tr> <td colspan="3" style="text-align: center;">6.</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="3">HOME PHONE NUMBER</td> </tr> <tr> <td colspan="2">CUSTOMER'S REQUEST: 10.</td> <td>DEFECT CODE 11.</td> </tr> </table>		FIRST INITIAL	MIDDLE INITIAL	LAST NAME	6.			STREET ADDRESS			CITY	STATE	ZIP CODE	HOME PHONE NUMBER			CUSTOMER'S REQUEST: 10.		DEFECT CODE 11.																																
FIRST INITIAL	MIDDLE INITIAL	LAST NAME																																																	
6.																																																			
STREET ADDRESS																																																			
CITY	STATE	ZIP CODE																																																	
HOME PHONE NUMBER																																																			
CUSTOMER'S REQUEST: 10.		DEFECT CODE 11.																																																	
SERVICE PERFORMED: <input type="checkbox"/> ILLUSTRATE DETAIL OF PROBLEM ON REVERSE SIDE		<table style="width: 100%;"> <tr> <td>DATE PURCHASED 7.</td> </tr> <tr> <td>DATE CALL RECEIVED 8.</td> </tr> <tr> <td>DATE REPAIRED 9.</td> </tr> <tr> <td> <input type="checkbox"/> NOT HOME <input type="checkbox"/> LACK PART <input type="checkbox"/> CALL BACK </td> </tr> <tr> <td>TIME STARTED</td> <td>TIME STARTED</td> </tr> <tr> <td>TIME COMPLETED 14.</td> <td>TIME COMPLETED</td> </tr> <tr> <td>TOTAL TIME</td> <td>TOTAL TIME</td> </tr> <tr> <td>¹ 15.</td> <td></td> </tr> </table>	DATE PURCHASED 7.	DATE CALL RECEIVED 8.	DATE REPAIRED 9.	<input type="checkbox"/> NOT HOME <input type="checkbox"/> LACK PART <input type="checkbox"/> CALL BACK	TIME STARTED	TIME STARTED	TIME COMPLETED 14.	TIME COMPLETED	TOTAL TIME	TOTAL TIME	¹ 15.																																						
DATE PURCHASED 7.																																																			
DATE CALL RECEIVED 8.																																																			
DATE REPAIRED 9.																																																			
<input type="checkbox"/> NOT HOME <input type="checkbox"/> LACK PART <input type="checkbox"/> CALL BACK																																																			
TIME STARTED	TIME STARTED																																																		
TIME COMPLETED 14.	TIME COMPLETED																																																		
TOTAL TIME	TOTAL TIME																																																		
¹ 15.																																																			
SELLING DEALER/DISTRIBUTOR 16. CITY STATE		<table style="width: 100%;"> <tr> <td>MICRO LEAK READING</td> <td>BEFORE</td> <td>AFTER</td> </tr> <tr> <td></td> <td>17.</td> <td></td> </tr> </table>	MICRO LEAK READING	BEFORE	AFTER		17.																																												
MICRO LEAK READING	BEFORE	AFTER																																																	
	17.																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">QUANTITY</th> <th style="width: 15%;">FAULT / JOB CODE</th> <th style="width: 15%;">PART NUMBER</th> <th style="width: 20%;">DESCRIPTION</th> <th style="width: 10%;">INVOICE NUMBER</th> <th style="width: 10%;">PART COST</th> <th style="width: 10%;">EXTENSION</th> </tr> </thead> <tbody> <tr> <td>18.</td> <td></td> <td>19.</td> <td>20.</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>			QUANTITY	FAULT / JOB CODE	PART NUMBER	DESCRIPTION	INVOICE NUMBER	PART COST	EXTENSION	18.		19.	20.																																						
QUANTITY	FAULT / JOB CODE	PART NUMBER	DESCRIPTION	INVOICE NUMBER	PART COST	EXTENSION																																													
18.		19.	20.																																																
<table style="width: 100%;"> <tr> <td>MAG. / MOTOR / SEALED UNIT NO. OLD 21.</td> <td>SERVICE AGREEMENT NUMBER 22.</td> <td rowspan="2">I AUTHORIZE A CHARGE TO MY CREDIT CARD CARD NAME</td> </tr> <tr> <td>MAG. / MOTOR / SEALED UNIT NO. NEW</td> <td>SERVICE AGREEMENT EXP. DATE 22A.</td> </tr> <tr> <td>SERVICER NUMBER 24.</td> <td>SERVICER STATE NUMBER 23.</td> <td>CARD NUMBER</td> </tr> <tr> <td colspan="2"> <small>The Repairs Have Been Performed In A Manner Satisfactory To Me.</small> CUSTOMER'S SIGNATURE 25. DATE </td> <td>EXP. DATE / AUTH. NO.</td> </tr> <tr> <td colspan="2"> <small>I Have Been Advised Of The Anti-Tip Device For My Range.</small> CUSTOMER'S SIGNATURE 28. DATE </td> <td></td> </tr> </table>		MAG. / MOTOR / SEALED UNIT NO. OLD 21.	SERVICE AGREEMENT NUMBER 22.	I AUTHORIZE A CHARGE TO MY CREDIT CARD CARD NAME	MAG. / MOTOR / SEALED UNIT NO. NEW	SERVICE AGREEMENT EXP. DATE 22A.	SERVICER NUMBER 24.	SERVICER STATE NUMBER 23.	CARD NUMBER	<small>The Repairs Have Been Performed In A Manner Satisfactory To Me.</small> CUSTOMER'S SIGNATURE 25. DATE		EXP. DATE / AUTH. NO.	<small>I Have Been Advised Of The Anti-Tip Device For My Range.</small> CUSTOMER'S SIGNATURE 28. DATE			<table style="width: 100%;"> <tr> <td>SUB TOTAL</td> <td></td> </tr> <tr> <td>HANDLING</td> <td></td> </tr> <tr> <td>TOTAL PARTS</td> <td>22B.</td> </tr> <tr> <td>TRIP CHARGE</td> <td></td> </tr> <tr> <td>COMPLETED CALL LABOR</td> <td></td> </tr> <tr> <td>DIAGNOSTIC FEE</td> <td></td> </tr> <tr> <td>TOTAL LABOR</td> <td>27.</td> </tr> <tr> <td>TRAVEL</td> <td></td> </tr> <tr> <td>STATE TAX</td> <td></td> </tr> <tr> <td>LOCAL TAX</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>22C.</td> </tr> </table>	SUB TOTAL		HANDLING		TOTAL PARTS	22B.	TRIP CHARGE		COMPLETED CALL LABOR		DIAGNOSTIC FEE		TOTAL LABOR	27.	TRAVEL		STATE TAX		LOCAL TAX		TOTAL	22C.													
MAG. / MOTOR / SEALED UNIT NO. OLD 21.	SERVICE AGREEMENT NUMBER 22.	I AUTHORIZE A CHARGE TO MY CREDIT CARD CARD NAME																																																	
MAG. / MOTOR / SEALED UNIT NO. NEW	SERVICE AGREEMENT EXP. DATE 22A.																																																		
SERVICER NUMBER 24.	SERVICER STATE NUMBER 23.	CARD NUMBER																																																	
<small>The Repairs Have Been Performed In A Manner Satisfactory To Me.</small> CUSTOMER'S SIGNATURE 25. DATE		EXP. DATE / AUTH. NO.																																																	
<small>I Have Been Advised Of The Anti-Tip Device For My Range.</small> CUSTOMER'S SIGNATURE 28. DATE																																																			
SUB TOTAL																																																			
HANDLING																																																			
TOTAL PARTS	22B.																																																		
TRIP CHARGE																																																			
COMPLETED CALL LABOR																																																			
DIAGNOSTIC FEE																																																			
TOTAL LABOR	27.																																																		
TRAVEL																																																			
STATE TAX																																																			
LOCAL TAX																																																			
TOTAL	22C.																																																		
<small>I Hereby Certify The Above Service Has Been Performed & Parts Used.</small> TECHNICIAN'S / OTHER SIGNATURE / NUMBER 26. DATE SERVICE CENTER STATE NO. SERVICER NAME AND ADDRESS:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">ESTIMATE OF REPAIR</th> </tr> </thead> <tbody> <tr><td>PARTS</td><td></td></tr> <tr><td>LABOR</td><td></td></tr> <tr><td>SALES TAX</td><td></td></tr> <tr><td>ESTIMATE TOTAL</td><td></td></tr> <tr> <th colspan="2">REVISED EST. OF REPAIR</th> </tr> <tr><td>PARTS</td><td></td></tr> <tr><td>LABOR</td><td></td></tr> <tr><td>SALES TAX</td><td></td></tr> <tr><td>REV. EST. TOTAL</td><td></td></tr> </tbody> </table>	ESTIMATE OF REPAIR		PARTS		LABOR		SALES TAX		ESTIMATE TOTAL		REVISED EST. OF REPAIR		PARTS		LABOR		SALES TAX		REV. EST. TOTAL																														
ESTIMATE OF REPAIR																																																			
PARTS																																																			
LABOR																																																			
SALES TAX																																																			
ESTIMATE TOTAL																																																			
REVISED EST. OF REPAIR																																																			
PARTS																																																			
LABOR																																																			
SALES TAX																																																			
REV. EST. TOTAL																																																			
ACCOUNT NUMBER	TRANSMITTAL NUMBER	INTERNAL CONTROL NO.	AUDITED BY	OTHER																																															

REQUIREMENTS

Claims submitted to Claims Processing Department must have a claim number of at least 7 digits. If more than 7 digits are present, only the last 7 digits will be recognized.



Service Operating Guide

Date	Supersedes	Subject	Section	Page
2/01/10	10/01/09	SERVICE DOCUMENT PROCEDURE	B	4

In the case of a NARDA document, the claim number may contain both alpha and numeric with a dash and another character at the end. The last character, called a "check digit" number is either a number or and "&". This character and the dash before it are NOT recognized by Claims Processing. Only the 7-digit number before the "dash" is considered the valid NARDA number.

Match the reference numbers below with the corresponding numbers on the NARDA located on page B-2.

- (1) Type of service
- (2) Brand of appliance — Whirlpool, Maytag, KitchenAid, Jenn Air, etc. (See the parts film cards for an updated listed of supported brands and model numbers).
- (3) Type of product — refrigerator, washer, dryer, etc.
- (4) Complete model number (see *Section A., 2*)
- (5) Complete serial number (see *Section A., 2*)
- (6) Customer information (to include complete name, address and phone number)
- (7) Date customer purchased
- (8) Date customer called for service
- (9) Date you completed repair
- (10) Customer description of problem
- (11) Whirlpool use only
- (12) Complete description of what was wrong with appliance and service performed to repair
- (13) Whirlpool use only
- (14) Time started, completed, and total time to repair unit
- (15) Whirlpool use only
- (16) Selling dealer, distributor, builder, etc.
- (17) Microwave leakage readings (M/W product only)
- (18) Quantity of part(s) used
- (19) Part number(s) used
- (20) Description of part(s) used
- (21) Invoice # - Distributor provided invoice number. (Required for parts verification.)
- (22) A, B, C. Service contract information — See [Service Contract Section](#).
- (23) You must show the FSP distributor number from which you obtained parts used to repair **appliance. Failure to show distributor number may result in your being charged for the parts and labor payment rejected.**
- (24) Your Whirlpool assigned Store Number as listed on your Service Agreement
- (25) Customer signature and date
- (26) Technician signature and date
- (27) Service call rate as listed on Service Agreement
- (28) Customer Signature for Anti-Tip Bracket Notification — See [Special Procedures Section](#).



Service Operating Guide

Date	Supersedes	Subject	Section	Page
2/01/10	10/01/09	SERVICE DOCUMENT PROCEDURE	B	6

REQUIREMENTS - NEW OCR NARDA FORM

Match the reference numbers below with the corresponding numbers on the NARDA on page B-4.

- (1) Customer information (to include complete name, address and phone number).
- (2) Brand of appliance — Whirlpool, Maytag, KitchenAid, Jenn Air, etc. (See the parts film cards for an updated list of supported brands and model numbers).
- (3) Type of product — refrigerator, washer, dryer, etc.
- (4) Complete model number (*see Section A., 2*)
- (5) Complete serial number (*see Section A., 2*)
- (6) Service Agreement/Contract Number (if service contract call).
- (7) Service Contract Issuer.
- (8) Service Contract Expiration Date.
- (9) Your Whirlpool assigned Store Number as listed on your Service Agreement.
- (10) Your account number with the parts distributor.
- (11) Customer description of problem.
- (12) Whirlpool Use Only.
- (13) Purchase date of product.
- (14) Date service call was received.
- (15) Complete description of what was wrong with appliance and service performed to repair.
- (16) Date you completed the repair.
- (17) Whirlpool Us Only. **You must show the FSP distributor number from which you obtained parts used to repair appliance. Failure to show distributor number may result in your being charged for the parts and labor payment rejected (known formerly as "Servicer State Number").**
- (18) Microwave leakage readings (M/W product only).
- (19) Check appropriate block.
- (20) Special Authorization
- (21) Quantity of part(s) used.
- (22) Part number(s) used.
- (23) Invoice # - Distributor provided invoice number. (Required for parts verification.)
- (24) Description of part(s) used.
- (25) Parts Total (service contract call).
- (26) Service call rate as listed on your Service Agreement.
- (27) Total amount (service contract call). Selling dealer, distributor, builder, etc.
- (28) Customer signature and date.
- (29) Customer signature for Anti-Tip Bracket Notification - see [Special Procedures Section](#).
- (30) Technician signature and date.



Service Operating Guide

Date 2/01/10	Supersedes 10/01/09	Subject SERVICE DOCUMENT PROCEDURE	Section B	Page 7
------------------------	-------------------------------	--	---------------------	------------------

DISTRIBUTION OF SERVICE DOCUMENT

- Original — Whirlpool Copy
- Copy 1 — Service Company Copy
- Copy 2 — Customer Copy
- Copy 3 — Parts Order Copy
- Copy 4 — Parts Order Packing List
- Copy 5 — Service Company copy (6 part)

The image shows a stack of five service document forms. The top form is the most detailed and includes the following sections:

- WARRANTY / PART WARRANTY / SPECIAL AUTHORIZATION** checkboxes at the top left.
- SERVICE INVOICE NO.** M59405N-3
- CUSTOMER INFORMATION** fields for name, address, phone, and email.
- TECHNICIAN INFORMATION** fields for name, address, phone, and email.
- APPLIANCE INFORMATION** fields for model, serial, and type.
- WORK ORDER** section with a table for recording work performed.
- ESTIMATE OF REPAIR** section with a table for recording parts and labor costs.
- TOTALS** section for summarizing the invoice.

The bottom four forms are labeled **COPY 1**, **COPY 2**, **COPY 3**, **COPY 4**, and **COPY 5**, representing the distribution of the document to various parties.

If you choose to use NARDA Documents, they may be ordered Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern Time by calling toll free 800-242-8678. Orders may also be faxed 24 hours a day to 717-731-9360.



Service Operating Guide

Date 2/01/10	Supersedes 10/01/09	Subject SERVICE DOCUMENT PROCEDURE	Section B	Page 8
------------------------	-------------------------------	--	---------------------	------------------

General inquiries/mail orders may be made to:

NARDA, Inc.
P.O. Box 3555
Shiremanstown, PA 17011

Submit NARDA Claims to:

Whirlpool Corporation
Claims Processing
553 Benson Rd., MD 8020
Benton Harbor, MI 49022

ELECTRONIC CLAIMS PROCESSING

Electronic warranty claims processing is available to help streamline and improve claims processing. ServiceBench serves as the collection center for claims submitted electronically and can process Customer, Store Stock, Rework, Policy Adjust/ Special Authorization, and Service Contract claims. Remember that all claims must have the necessary information to pass both ServiceBench and Whirlpool edits. Warranty claims submitted with inaccurate information will be rejected by ServiceBench's preliminary edit process. Whirlpool Warranty Processing's audit process will reject claims with other inaccurate information i.e. incorrect rates, missing technician ID (when required), not enough tech verbiage on repair performed, etc.

It is important to remember that all claims, whether submitted electronically or on paper, are subject to the same edit process at Whirlpool. If you are dissatisfied with the results of the edits, you should look first to the reject reason, and then to Whirlpool's policies and procedures to determine how to submit valid claims in a way which will ensure that they pass our edits. **ServiceBench does not reject claims - only Whirlpool rejects or pays claims.**

Contact the ServiceBench Help Desk for assistance in determining your requirements and ServiceBench options for initiating the electronic claims submittal process. ServiceBench Service Dealer Help Desk can be contacted through the following:

Phone: 877-472-3624 or <http://www.servicebench.com>

Please remember, when parts have been used to repair a product, **YOU MUST HAVE THE VALID DISTRIBUTOR NUMBER AND INVOICE NUMBER ON THE INFORMATION THAT IS SUBMITTED.**

Policy Adjust/Special Authorization:

These are claims that a Whirlpool representative has given you authorization to assist in a repair on an out of warranty product and paid at the normal in-warranty rate. Remember all necessary information that is required on an in warranty document is still necessary to file a Policy Adjustment claim. **In addition, the same rules which would cause an in warranty claim to be rejected for use and care or installation deficiencies would also reject a claim made under a policy adjustment.** If your current software package has a field for policy adjustment number, please use this field for the 10 to 14 digit number. This number will be reviewed for validity by Whirlpool prior to payment. We also allow claims that have a "Special Rework". This 6-character number must be applied to each claim in the authorization field for review and payment. (Refer to Section G for detailed information on Policy Adjustments.)



Service Operating Guide

Date 2/01/10	Supersedes 10/01/09	Subject SERVICE DOCUMENT PROCEDURE	Section B	Page 9
------------------------	-------------------------------	--	---------------------	------------------

Who to call, for What Reason?

It is important for you to understand who to call, ServiceBench or Whirlpool, should you require assistance. Therefore, please review the following to ensure that the individual(s) that is responsible for completing and submitting warranty claims is aware of the proper contacts.

Contact ServiceBench, at 877-472-3624, if you:

- Require assistance getting set up to electronically file your claims.
 - Experience technical issues regarding electronic filing.
 - Password reset.
 - Payment, EFT or check information.
- **Refer to the Service Operating Guide or Contact Whirlpool's Exception Management Team at 888-678-8808 if you:**
 - Have questions regarding claims rejected by Whirlpool.
 - Have questions regarding claims that have rejected due to missing or inaccurate information.
 - Have questions regarding the proper procedures to enter claims.
 - Have questions regarding claims submitted on paper forms.
 - Have questions regarding Whirlpool's warranty policies.
 - Have questions regarding claims that have rejected due to any other reasons.

If you have any additional questions, comments or concerns please feel free to contact our Exception Management Team at the number show above.



© Registered Trademark™ Trademark of Whirlpool, U.S.A.
All Contents © 2001 Whirlpool. All Rights Reserved.