

January 3rd, 2026

TO: All FCA Canada Dealers

Please Distribute to your Sales Manager(s) and Retail Sales Consultants



SUBJECT: PROGRAM 2620 – AUTOABILITY

The AutoAbility program provides a cash reimbursement of up to **\$750** to assist physically challenged consumers, and businesses or charitable organizations that provide transportation to physically challenged individuals, in the purchase of adaptive driving or passenger equipment installed on new and unused vehicles sold at retail.



- The physician will be required to complete the form as shown on page 7, along with a signed Physician letter explaining their patient's medical / physical condition that would benefit from the installation of adaptive equipment.
- Qualifying Physicians are those individuals that are **Doctors of Medicine (MD)** and are practicing Physicians who hold an educational or practice license (in Canada) from the medical regulatory authority in the Province / Territory in which they study or practice.

Program Highlights	
Program Name	AutoAbility Program
Program Period	January 3rd 2026 – January 4th, 2027 (Delivery Date)
Program ID	P2620
Eligible Dealers	All FCA Canada Dealers
Eligible Customers	Qualifying Customers with a valid medical condition (refer to details on page 2 and 3)
Eligible Models	2025, 2026 and 2027 Chrysler, Jeep, Dodge, Ram & FIAT models (excluding 2026/2027 Jeep Cherokee Base model, 2025/2026/2027 Jeep Compass Sport, Grand Cherokee (WL) 4xe, Wrangler 4-Door 4xe, Chrysler Pacifica Hybrid, Grand Caravan, Ram 1500 RHO, and all Battery Electric Models)
Eligible Types of Sale	1, L or E
Discount Type	After Tax Rebate
Discount Amount	up to \$750
Customer Order Protection	YES

PROGRAM PERIOD:

January 3rd, 2026 – January 4th, 2027

ELIGIBLE DEALERS:

All FCA Canada Dealers who agree to abide by the Program Rules.

ELIGIBLE MODELS:

All eligible new and unused 2025, 2026 and 2027 models sold at retail (Type of Sale 1, L or E) that have been equipped with adaptive driving and/or passenger aids (see "Eligible Adaptive Equipment" list attached) within twelve (12) months of retail delivery.

Note: Includes stock units with eligible factory installed equipment. Factory options must be listed on the vehicle invoice.

INELIGIBLE MODELS:

- All Battery Electric Vehicles
- 2026, 2027 Jeep Cherokee Base
- 2025, 2026, 2027 Jeep Compass Sport
- 2025, 2026, 2027 Jeep Grand Cherokee (WL) 4xe
- 2025, 2026, 2027 Jeep Wrangler 4-Door 4xe
- 2025, 2026, 2027 Chrysler Pacifica Hybrid
- 2025, 2026, 2027 Chrysler Grand Caravan
- 2025, 2026, 2027 Ram 1500 RHO
- Vehicles claimed for payment under the following programs or which do not meet program conditions as stated:
 - Fleet/Lease/Daily Rental Program #CY05

PROGRAM ELEMENTS:

Customers will be eligible for a cash reimbursement according to the following:

EQUIPMENT	MAXIMUM CASH REIMBURSEMENT
Adaptive Driving/Passenger Aids	UP TO \$750 ON ALL ELIGIBLE MODELS

NOTES:

1. The AutoAbility Program, 2620, specifies that after-market installation of equipment that could have been factory installed or available from Mopar, of any kind, will not qualify under this reimbursement program.

Example:

- If an eligible customer orders a vehicle with Running Boards from the factory, this would be covered under the AutoAbility Program
- If an eligible customer wants a vehicle on the dealer's lot and the vehicle in question does not have factory installed Running Boards on it, even though it was available as a factory order, but the dealer then installs Mopar Running Boards, it would still be covered under the AutoAbility Program as it is a Mopar installed item.
- If an eligible customer wants a vehicle on the dealer's lot and the vehicle in question does not have factory installed or Mopar Running Boards on it, even though it was available either as a factory order or as a Mopar Accessory and the customer chose an After Market Brand of Running Boards, it would not be covered under the AutoAbility Program as the item could have been obtained either via a Factory order or as a Mopar Accessory.

2. The reimbursement allowance will cover the installation and/or cost of adaptive equipment as detailed in the "Eligible Adaptive Equipment" list attached. After-market installation of equipment that could have been factory installed or available from Mopar, of any kind, will not qualify under this reimbursement program.

NOTES:

Factory options must be listed on the vehicle invoice. **Please Note:** When an approved option is included within the standard vehicle package (not identified as a standalone option on the invoice), the MSRP for that option must be validated and claimed at the value listed in the code guide for a similar model within that vehicle line (see Example 2).

The following examples identify the possible "ELIGIBLE ADAPTIVE EQUIPMENT LIST" claim options:

1. **Example:** 2025 Jeep Wrangler Sahara equipped with Side Steps (MRK). This is a standalone option with a MSRP of \$595. Therefore, the Dealer can claim a maximum of \$595.
2. **Example:** 2025 Ram 1500 Longhorn Crew Cab 4x4 (22K) includes Power Deployable Running Board (MY7) in the package and there is not a MSRP list price for this option. However, on a 2025 Ram 1500 Sport Crew Cab 4x4 option (MY7) is listed at \$1,295 MSRP. Therefore, the Dealer can claim a maximum of \$750 for side steps on 2025 Ram 1500 Longhorn Crew Cab 4x4 (22K).

Note: If an option is included in the base standard package and is not listed as a standalone option within the Code Guide and does not have a Sales Code and MSRP associated therewith, then the option is ineligible to claim under the AutoAbility program.

3. Eligible program participants:
 - a) **Individuals whose medical or physical condition would benefit from the after-market installation of adaptive equipment.**

All claims must be supported by:

- i. **Original signed physician's note & AutoAbility Form as shown on page 7, which includes the following information:**

- General Description of individual's medical / physical condition
- Relevance of conversion to individual's mobility needs
- In the event the owner of the vehicle is supplying the main form of vehicle transportation to an individual with a medical / physical condition the Doctor's note must state the relevance and relationship between the individuals.

- ii. Original invoice for adaptive aid purchase / installation.
- iii. Original receipt for fee for physician's note (if applicable). The cost of the physician's note, up to a maximum of \$30, can be added to the amount claimed, not to exceed the total maximum claim of \$750.

- b) **Business and charitable organizations that provide transportation to physically challenged individuals or groups on a regular basis and require after-market installation of adaptive equipment.**

All claims must be supported by:

- i) Letter from CEO of organization outlining requirements for adaptive equipment.
- ii) Original invoice for adaptive aid purchase / installation

4. The reimbursement is in addition to all other retail incentive programs in effect at the time of purchase or lease, unless otherwise stated in the Official Program Rules. **Note: If the customer is being directly reimbursed, a copy of the reimbursement cheque to the customer must be retained in deal jacket for audit purposes.**
5. Reimbursement will not be reduced or combined with any additional outside funding.
6. Customers may be eligible for tax exclusion or refunds on the vehicle and/or vehicle modifications required by physically disabled persons. Dealers or customers should contact the local Provincial Retail Sales Tax Office (regarding P.S.T./Q.S.T.) and the Canada Revenue Agency (CRA) (regarding G.S.T./H.S.T.) to determine exclusion or refund eligibility at the time of claim submission.

The full dollar value of up to \$750 Bonus Cash savings must:

- Be provided to the customer
- Be deducted after all applicable taxes
- Appear as a line item on the Bill of Sale, or, in the case of a lease customer, be used to reduce the total lease obligation (12-month minimum lease)
- **Cash Rebate is tax inclusive and Dealers are encouraged to advise the customer as such. This could be in the form of a written statement directly on the bill of sale or invoice that simply states "Includes Tax" or "Tax Included" next to the rebate amount.**
- In the event the customer would rather have the cash rebate in the form of their first payment or as cash back to cover existing payments on their current vehicle, Dealers will be required to keep a copy of the returned cashed cheque that they provided to the customer (**this must be kept in the deal jacket for audit purposes**).

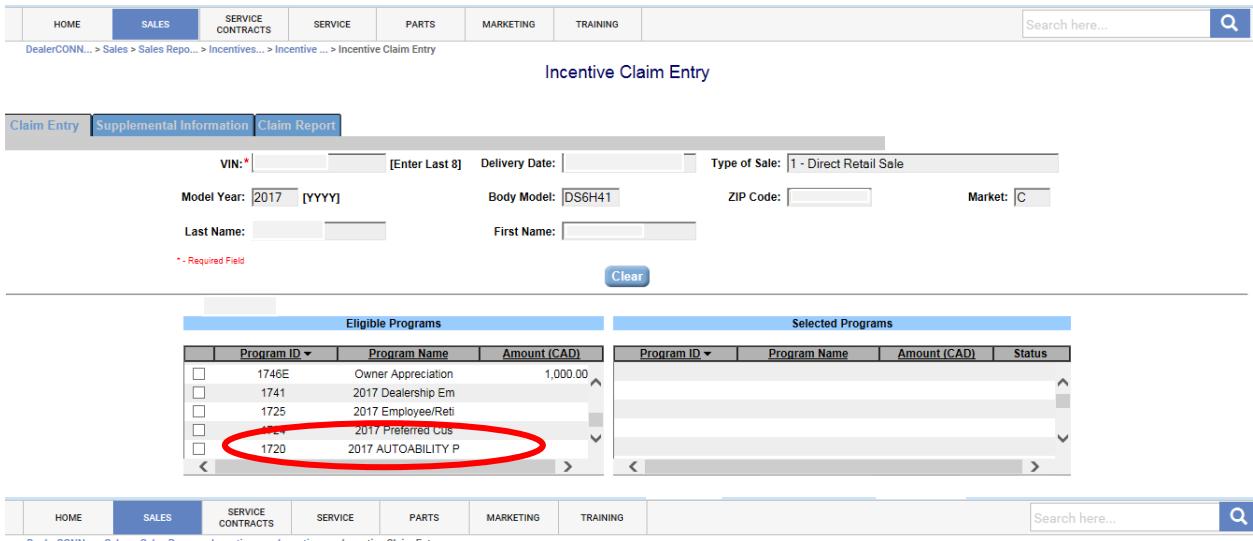


7. The dealer MUST visually verify that the installation of the specifically stated adaptive equipment has been completed.
8. Each customer is allowed the retail purchase or lease of two vehicles per calendar year under this Program. A separate claim must be submitted for each purchase or lease.
9. Non-selling dealers can install eligible adaptive equipment and submit the corresponding AutoAbility claim on behalf of the customer up to twelve (12) months after the original retail delivery date.

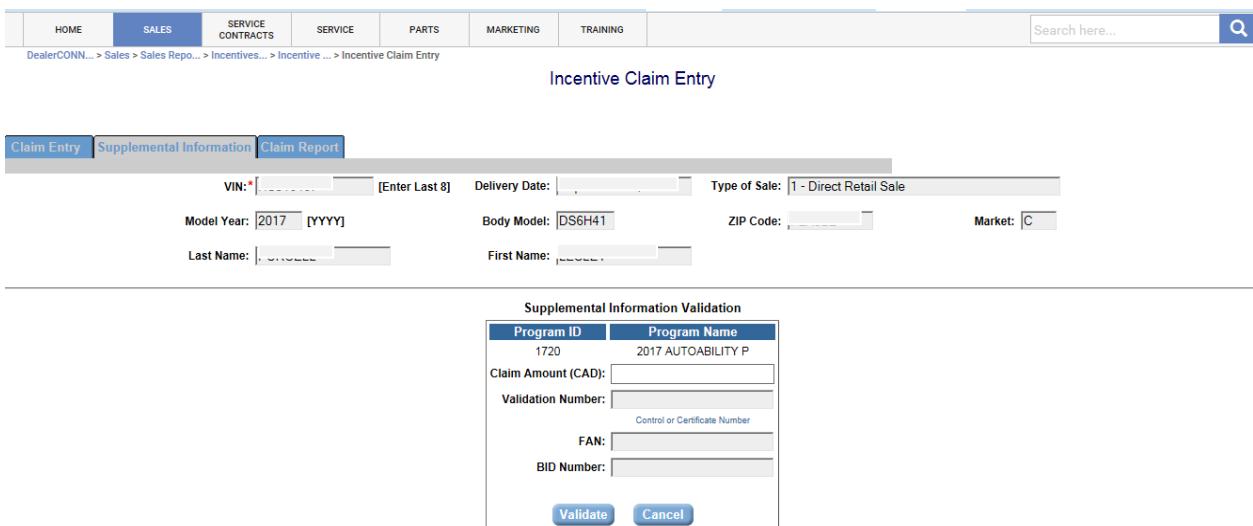
METHOD OF PAYMENT:

If all program conditions are met, the customer reimbursement can be obtained as follows:

1. NVDR/Incentive Claim Entry Screen information will be entered in the normal manner for payment via the Parts Account.
 - Enter the required information as per the following example:



The screenshot shows the 'Incentive Claim Entry' screen. At the top, there are tabs for 'Claim Entry', 'Supplemental Information', and 'Claim Report'. The 'Supplemental Information' tab is active. Below the tabs, there are input fields for 'VIN' (with placeholder '[Enter Last 8]'), 'Delivery Date', 'Type of Sale' (set to '1 - Direct Retail Sale'), 'Model Year' (2017), 'Body Model' (DS6H41), 'ZIP Code', and 'Market' (C). There is also a note 'Last Name:' and 'First Name:'. A red circle highlights the '1720 2017 AUTOABILITY P' row in the 'Eligible Programs' table, which is part of a larger table with columns 'Program ID', 'Program Name', and 'Amount (CAD)'. The 'Selected Programs' table is empty. At the bottom of the screen, there is a 'Supplemental Information Validation' section with fields for 'Program ID' (1720), 'Program Name' (2017 AUTOABILITY P), 'Claim Amount (CAD)', 'Validation Number', 'Control or Certificate Number', 'FAN', and 'BID Number'. Buttons for 'Validate' and 'Cancel' are at the bottom of this section.



The second screenshot shows the same 'Incentive Claim Entry' screen, but the 'Selected Programs' table now contains the row '1720 2017 AUTOABILITY P'. The rest of the interface is identical to the first screenshot.

2. The amount to be claimed must:

Include:

- Actual cost of eligible adaptive equipment
- Actual cost of installation (i.e. Labour)
- Actual cost of Doctor's note (up to \$30)

Exclude:

- All Taxes

3. The amount to be claimed must be rounded up to the nearest whole dollar amount (i.e. \$500.75 = \$501).

DEMONSTRATORS

See "Standard Rules" published on January 3rd, 2026.

CUSTOMER ORDER PROTECTION:

Customer Order protection is available with this program.

GENERAL STIPULATIONS:

See "Standard Rules" published on January 3rd, 2026.

If, in FCA Canada's sole opinion, the lease or sale of a vehicle or part violates the terms of the Sales and Service Agreement or any FCA Canada program rules or policies, FCA Canada reserves the right to exclude the lease or sale from the dealership's entitlement, charge back any monies paid, and revoke any benefits received under this Program.

Dealers are required to take reasonable steps to protect and safeguard the customer's doctor's letter and AutoAbility Form against loss, unauthorized access, collection, use disclosure and similar risks.

FCA Canada Inc. may, at any time, revoke and/or amend the Program without incurring any further obligation.

FCA Canada

2620 FCA Canada AutoAbility (P2620) Physicians Form



The intent of this program is to provide assistance to individuals with medical or physical conditions that would benefit from the installation of adaptive equipment as noted below.

The following is a list of eligible adaptive equipment currently available. If you have questions on additional equipment that is not included on this list, please contact the AutoAbility toll-free assistance line at **1-800-265-6908**.

This letter and this completed form must be kept with all other supporting documents at your dealership. Note: If factory equipment or Mopar equipment is available, such equipment must be used or installed in order to be eligible for this program.

ELIGIBLE ADAPTIVE EQUIPMENT LIST

- Lowered Floor Conversions
- Kneelkar Conversions
- Raised Roof
- 3-Door Conversions
- Ramps
- Scooter Lift
- Scooter Hitch
- Wheelchair Lift
- Re-Upholstered Seats
- Wheelchair Tie-Downs, Tie-Down System
- Companion Seat (seat that swivels to facilitate entering and exiting vehicle)
- Power Seat Base
- Obus Form Seat Cushion
- Hand Controls
- Grab Handles
- Gas Pedal/Brake Pedal Conversions
- Steering Spinner Knobs
- Used Equipment/Re-Installation of Old Equipment into New Vehicle (i.e. labour)
- Leg Support
- Port-A-Potty
- Devices for the Hearing Impaired (for drivers with a hearing loss of 30 dB or greater)
- Running Boards
- Seat & Seat Belt Modification

-----TO BE COMPLETED BY PHYSICIAN-----

Note to Physician: In order to obtain an AutoAbility reimbursement, your patient must have a qualifying Medical Doctor's letter or prescription form and a signed AutoAbility Physician's form. The letter or prescription form needs to confirm the Doctor's formal practice, contact address and an explanation of the patient's medical/physical condition. The AutoAbility Physician's Form provides your recommendation for the installation of adaptive equipment due to your patient's medical / physical condition. In the event the owner of the vehicle is supplying the main form of vehicle transportation to your patient please note the relevance and relationship between the individuals.

Patient Name:

Item recommended by Doctor:

Recommended due to the following
medical / physical condition(s)
(Include an explanation of how adaptive
equipment will provide assistance)

Doctor's Name:

Doctor's Signature _____ Date: _____

By signing above, I certify that I am a licensed physician (Medical Doctor) in the province / territory of my practice and that my patient would benefit from the noted adaptive equipment due to their medical / physical condition, listed above.