



PROTECTION PLUS

Coverage For Your Hearing Instruments

Welcome to Protection Plus loss and accidental damage protection for your hearing instruments. When you enroll in this program you will receive

- Replacement of your hearing instruments if they are lost.
- Repair or replacement if your hearing instruments are accidentally damaged.

How To Enroll

1. Complete and **sign** the Policy Holder Information on the attached application.
2. Bring your hearing instruments to your Practitioner for an inspection. Your Practitioner will then complete the Hearing Instrument Information portion of the application.
3. Send the completed application and your annual Protection Plus payment to ESCO within thirty days of your Practitioner's inspection of your hearing instruments.
4. Once processing is complete, confirmation of coverage will be sent to you within seven business days.

Coverage Effective Date

Coverage will be effective from the date of post-mark provided underwriting guidelines are met and the appropriate premium is included with your completed application. If incomplete, coverage will be effective when all necessary information is received.

Processing A Claim

Hearing instruments are sophisticated electronic devices that require specialized professional services only your practitioner can provide. ESCO and your practitioner work together to provide you the best possible hearing should a replacement or repaired device be required. To

submit a claim, send a completed and signed claim form to ESCO via mail or FAX (800-894-6056). Claim forms can be obtained by contacting ESCO at 800-992-3726 or from your practitioner. Your claim will be handled as efficiently as possible to provide you with the same make and model you currently enjoy.

Note: a co-payment for professional services provided by your Practitioner may apply in the event of a claim.

Definitions, Terms And Limitations

This brochure provides a summary of items you may want to know regarding the Protection Plus Plan. Please refer to your contract for a complete listing of definitions, terms and limitations.

- Accidental damage means unintentional physical damage sustained by your instruments.
- Gradual deterioration, normal wear and tear, and electronic failure are NOT covered by this policy. Your manufacturer's warranty may cover these occurrences. See your Practitioner for more information.
- If we repair your instruments, your coverage will continue uninterrupted.
- If we replace your instruments, we will notify you concerning new coverage for your replaced instruments.

Renewal

Your benefits can be renewed annually. We automatically notify you before your benefits expire.

Ce formulaire est aussi disponible en Francais. S.v.p. appeler au 866-662-0206.

e-mail: info@earserv.com • web site: <http://www.earserv.com>
3215 Fernbrook Lane North • Plymouth, MN 55447-5325
800-992-3726 • 763-559-5999 • FAX 800-894-6056



Application For Hearing Instrument Coverage

Thank you for choosing ESCO's Protection Plus Plan to protect your hearing instruments from loss and accidental damage! Please complete the Policy Holder Information below and have your Practitioner complete the Hearing Instrument Information. Send the completed application in **along with your payment** to begin coverage.



Policy Holder Information

The information below is to be completed by the hearing instrument wearer or the guardian of the wearer.

Wearer Name _____
 Guardian Name _____
 (If applicable)
 Mailing Address _____
 City/Province/P.C. _____
 Phone Number _____
 E-Mail Address* _____
 Wearer Date of Birth _____

Wearer or Guardian Signature

By signing below I give permission to ESCO to communicate with the person/people listed below regarding my coverage AND I acknowledge the total due equals the Protection Plus annual fee and the administration fee.

 Wearer or Guardian Signature **(MANDATORY)**

People Authorized To Discuss My Coverage _____

Annual Cost

Protection Plus Annual Fee \$ _____
 Administration Fee \$ 10.00
 Total Due (Canadian Funds) \$ _____

Payment Method

Check, made payable to Protection Plus Plan.
 Credit Card: Visa MasterCard Discover Am Express
 (circle one)
 Exp. Date _____
 Card #: _____

*This information is NOT required, but will help us to serve you better.

Mail completed application and payment to: ESCO,
 3215 Fernbrook Lane, Plymouth, MN 55447 **OR**
Fax form with your credit card information to ESCO at
763-559-4247.



Hearing Instrument Information

The information below is to be completed by the Practitioner

Technology Check the appropriate box(es).
 Digital Programmable Implant
 Non-Programmable (If applicable, also check box below)
 K-AMP WDRC CROS
 FM System Other _____

Style (Check the appropriate box.)

BTE ITC (Includes Half-Shell)
 ITE CIC (Includes Mini-Canal)
 Other _____

Specifics	Right Ear	Left Ear
Manufacturer		
Model		
Serial #		
Purchase Date	<i>Month/Day/Year</i>	<i>Month/Day/Year</i>
Purchase Price		
Exp. Date Of Manufacturer Warranty	<input type="checkbox"/> Loss _____ <input type="checkbox"/> Repair _____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Loss _____ <input type="checkbox"/> Repair _____ <input type="checkbox"/> Not Applicable

Remote /Transmitter Serial # _____

Practitioner Information

Office Name: _____
 Address: _____
 City/Province/P.C.: _____
 Phone Number: _____
 ESCO Center Number: _____
 (Please call ESCO 800-992-3726 to obtain center number)

Signature

I have examined the above listed hearing instruments and certify they are in good working condition on the date shown below.

 Practitioner Signature
 (Inspection valid for 30 Days)

 Date

Form #: ESCN-02: 12 06

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