

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

- Complete and **sign** the Policy Holder Information on the attached application.
- Bring your hearing instruments to your Practitioner for an inspection. Your Practitioner will then complete the Hearing Instrument Information portion of the application.
- Send the completed application and your annual Protection Plus payment to ESCO within thirty days of your Practitioner's inspection of your hearing instruments.
- 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 postmark 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.

Submitting 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.



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	Hearing Instrument Information
The information below is to be completed by the hearing	The information below is to be completed by the Practitioner
instrument wearer or the parent/guardian of the wearer.	Technology Check the appropriate box(es).
Wearer Name	☐ Digital ☐ Programmable ☐ Implant
Wearer Social Security Number*	☐ Non-Programmable (If applicable, also check box below) ☐ K-AMP ☐ WDRC ☐ CROS
Wearer Date of Birth	☐ FM System ☐ Other
Parent/Guardian Name(If applicable)	Style (Check the appropriate box.) ☐ BTE ☐ ITE ☐ ITC ☐ CIC
Mailing Address	Other
City/State/Zip	Specifics Right Ear Left Ear
E-Mail Address*	Manufacturer
Phone Number	Model
Annual Cost	INOUC!
Protection Plus Annual Fee (See pages 2 & 3 for price)	Serial #
Administration Fee \$ 5.00 (\$10.00 in CA)	Purchase Date
Total Due \$	Purchase Price
Wearer or Parent/Guardian Signature	Exp. Date Of Loss Loss Loss
I acknowledge the total due above equals the Protection Plus annual fee and the administration fee.	Manufacturer
	Warranty Not Applicable Not Applicable
Wearer or Parent/Guardian Signature	Remote /Transmitter Serial #
Payment Method	Practitioner Information
☐ Check, made payable to Protection Plus Plan.	Office Name:
☐ Credit Card : Visa MasterCard Discover Am Express	Address:
(circle one)	City, State, Zip:
Exp. Date	Phone Number:
Card #:	ESCO Center Number:
Mail completed application and payment to: ESCO 3215 Fernbrook Lane North Plymouth, MN 55447-5325 OR	Signature I have examined the above listed hearing instruments and certify they are in good working condition on the date shown below.
Fax form with your credit card information to ESCO at 763-559-4247.	Practitioner Signature Date (Inspection valid for 30 Days)



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