



Coverage For Your Hearing Instruments (*Includes Repairs*)

Welcome to ESCO's Platinum Plan for repair, loss and accidental damage protection for your hearing instruments. When you enroll in this program you will receive

- Repair for normal wear and tear of your hearing instruments, such as mechanical or electrical breakdown.
- 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 Platinum Plan 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 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.

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 Platinum Plan. Please refer to your contract for a complete listing of definitions, terms and limitations.

- Covered repairs include mechanical or electrical breakdown not covered under the standard, Protection Plus plan. Mechanical and electrical breakdown refers to things such as wax build-up or perspiration.
- Recasing is NOT covered by this plan or any other ESCO plan.
- Accidental damage means unintentional physical damage sustained by your instruments.
- 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 Platinum Plan to cover your hearing instruments for repairs and protect them 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 parent/guardian of the wearer.

Wearer Name _____

Wearer Social Security Number* _____

Wearer Date of Birth _____

Parent/Guardian Name _____
(If applicable)

Mailing Address _____

City/State/Zip _____

E-Mail Address* _____

Phone Number _____

Annual Cost

Platinum Plan Annual Fee \$ _____
(See pages 2 & 3 for price)

Administration Fee \$ 5.00 (\$10.00 in CA)

Total Due \$ _____

Wearer or Parent/Guardian Signature

I acknowledge the total due above equals the Platinum Plan annual fee and the administration fee.

Wearer or Parent/Guardian Signature

Payment Method

Check, made payable to Platinum Plan.

Credit Card: Visa MasterCard Discover Am Express
(circle one)

Exp. Date _____

Card #: _____

Mail completed application and payment to:

ESCO
3215 Fernbrook Lane North
Plymouth, MN 55447-5325

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 ITE ITC CIC

Other _____

Specifics	Right Ear	Left Ear
Manufacturer		
Model		
Serial #		
Purchase Date		
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, State, Zip: _____

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

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

