

ESCO Insurance Plan

Protect your advanced technology hearing instrument with an ESCO insurance plan. We offer two types of coverage for hearing instruments.

Protection Plus

With Protection Plus you're covered against loss and accidental damage. This plan does not include coverage for normal wear and tear repairs.

Platinum Plan

With the Platinum Plan, you're covered against everything under Protection Plus, (loss and accidental damage). In addition, normal wear and tear repairs are covered.

| Coverage Options <i>(examples)</i> | Protection Plus | Platinum Plan |
|--|-----------------|---------------|
| Loss Dropped in lake or down drain; stolen; permanently misplaced | YES | YES |
| Repairs for Unintentional Damage Exposed to water, steam or fire – i.e. from plumbing or an appliance; accidentally stepped on; chewed by pet | YES | YES |
| Repairs for Normal Wear and Tear Corroded components due to perspiration or ear wax build up; dead, weak or intermittent; static or buzzing; excessive battery drain | NO | YES |

How To Enroll

1. Choose the coverage that's right for you: Protection Plus or Platinum Plan.
2. Complete and **sign** the Policy Holder Information on the attached application.
3. Bring your hearing instruments to your practitioner for an inspection. Your practitioner will then complete the Hearing Instrument Information section.
4. Send the completed application and your payment to ESCO within thirty days of your practitioner's inspection or apply online at **www.earserv.com/enroll**.
5. 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, providing all required information is received. If your application is incomplete, coverage will be effective when all necessary information is received.

Renewal

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

Submitting An ESCO Claim

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 at www.earserv.com or by contacting ESCO at 800-992-3726 or from your practitioner.

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 solution should a replacement or repaired device be required.

Note: This policy does not cover any fee that may be charged for professional services performed by your practitioner in the event of a claim.

Definitions, Terms And Limitations

This brochure provides a summary of items regarding coverage. Please refer to your policy 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 **ONLY** covered under the Platinum Plan.
- If we repair your instruments, your coverage will continue uninterrupted.
- If we replace your instruments, we will notify you regarding new coverage for your replaced instruments.

For more information,
contact us at

1-800-992-3726

or enroll online at

www.earserv.com/enroll



Form #: ESC-COM: 04/09 FAX

Application For ESCO Hearing Instrument Insurance

Policy Holder Information

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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/State/Zip _____

Phone Number _____

E-Mail Address _____

Wearer Date of Birth _____

Annual Cost & Payment

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I want the ☐ Protection Plus ☐ Platinum Plan

Annual Premium \$ _____

Please note: prices listed at left are per instrument.

I wish to pay by: Check, made payable to ESCO

Credit cards accepted:

Visa, MasterCard, American Express and Discover

Name on Card: _____

Card #: _____

Exp. Date: _____

Wearer or Guardian's Signature

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I elect coverage on the instruments listed below.

Wearer or Guardian's Signature (MANDATORY) _____

These people are authorized to discuss my coverage: _____

The information below is to be completed by your Practitioner

| Specifics | Right Ear | Left Ear |
|-------------------------------|----------------|----------------|
| Manufacturer | | |
| Model | | |
| Serial # | | |
| Purchase/ Replacement Date | Month/Day/Year | Month/Day/Year |
| Purchase Price | | |

Exp. Date Of ☐ Loss _____ ☐ Loss _____
Manufacturer ☐ Repair _____ ☐ Repair _____
Warranty ☐ Not Applicable ☐ Not Applicable

Remote /Transmitter Serial # _____

Does your patient wear another instrument? ☐ Yes ☐ No

Serial Number: _____

Model: _____

Warranty Expiration Date: _____

Style (Check the appropriate box.)

☐ BTE ☐ ITC (Includes Half-Shell) ☐ OTE/Open Fit
☐ ITE ☐ CIC (Includes Mini-Canal) ☐ Other _____

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

Practitioner Signature _____ Date _____

(Inspection valid for 30 Days)

Mail this completed application and payment to: ESCO, 3215 Fernbrook Lane, Plymouth, MN 55447 or

Fax this form with your credit card information to ESCO at **763-559-4247**.