

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 in case of loss or accidental damage beyond repair and a 12-month repair warranty on the normal wear and tear of the devices is included.

Coverage Options	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

SUBMITTING AN ESCO CLAIM

To submit a claim, send a completed and signed claim form to ESCO via mail, e-mail the form to info@earserv.com 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.
- Single Replacement - 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



3215 Fernbrook Lane N • Plymouth, MN 55447

www.earserv.com



INSURANCE COVERAGE PLANS

COVERAGE FOR YOUR HEARING INSTRUMENTS



Trusted protection.

PRICING

For pricing, visit www.escogetaquote.com.

HOW TO ENROLL

1. Complete and **sign** the Policy Holder Information and Wearer Or Guardian's Signature sections.
2. Confirm hearing instrument style, then choose a coverage option that's right for you: Protection Plus or Platinum Plan. Note: BTE and RIC devices look similar, confirm your selection.
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 10-15 business days.

COVERAGE EFFECTIVE DATE

Annual 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.

**For more information, contact us at
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APPLICATION FOR HEARING INSTRUMENT COVERAGE

Wearer Name		POLICY HOLDER INFORMATION			
Mailing Address		Guardian Name (If applicable)			
City/State/Zip		E-Mail Address			
Daytime Phone Number () -		Wearer Date of Birth			
I elect coverage on the instruments listed.		WEARER OR GUARDIAN'S SIGNATURE			
Wearer or Guardian Signature (Mandatory)					
These people are authorized to discuss my coverage					
Confirm the style of your hearing instrument		COVERAGE OPTIONS			
Style: <input type="checkbox"/> BTE <input type="checkbox"/> RIC (RITE) <input type="checkbox"/> ITC <input type="checkbox"/> HS <input type="checkbox"/> ITE <input type="checkbox"/> CIC <input type="checkbox"/> MC <input type="checkbox"/> Other					
I want the: <input type="checkbox"/> Protection Plus (Loss & Accidental Damage) <input type="checkbox"/> Platinum Plan (Loss, Accidental Damage & Repair)					
Manufacturer	Model	Serial #	Date of Purchase or Replacement	Exp. Date of Mfg. Warranty	Premium
Right Aid			Month/Day/Year	Loss Repair	\$
Left Aid			Month/Day/Year	Loss Repair	\$
Other			Month/Day/Year	Loss Repair	\$
Total Amount Due					\$
Does your patient wear another instrument that is still under mfg. warranty?					
Manufacturer	Model	Serial #	Date of Purchase	Loss Mfg. Warranty	Expiration Date
Auto-Renew is the hassle free way to maintain uninterrupted coverage of your hearing instruments. ESCO will remind you of the expiration of your coverage before automatically renewing.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Practitioner Information				I WISH TO PAY BY:	
Office Name			Check made payable to ESCO		
Address			Credit Cards accepted: (Visa, MasterCard, American Express and Discover)		
City/State/Zip			Name on Card:		
Phone Number			Card #:		
ESCO Customer Number:			Expiration Date		
(Please call ESCO 800-992-3726 to obtain customer number)			Mail this completed application and payment to: ESCO, 3215 Fernbrook Lane N, Plymouth MN 55447 or FAX this form with your credit card information to ESCO at 763-559-4247 or Enroll Online at www.earserv.com/enroll		
Practitioner Signature			Date		
I have examined the listed devices and certify they are in good working condition on the date shown above. Inspection valid for 30 days.					