

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	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.
- If we replace your instruments, we will notify you regarding new coverage for your replaced instruments.

INSURANCE COVERAGE PLANS

Insurance Coverage For Your Hearing Instruments



For more information, contact us at

1-800-992-3726



EAR SERVICE CORPORATION

Trusted protection.

3215 Fernbrook Lane N • Plymouth, MN 55447

www.earserv.com



Trusted protection.

Pricing

For pricing, visit www.escogetaquote.com.

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.

For more information, contact us at

1-800-992-3726



Trusted protection.

3215 Fernbrook Lane N • Plymouth, MN 55447

www.earserv.com

Application For Hearing Instrument Coverage



1 > **Policy Holder Information**

Wearer Name _____
 Mailing Address _____ Guardian Name (If applicable) _____
 City/State/Zip _____ E-Mail Address _____
 Wearer Date of Birth _____ Daytime Phone Number _____

2 > **Wearer or Guardian's Signature**

I elect coverage on the instruments listed.
 Wearer or Guardian Signature (Mandatory) _____
 These people are authorized to discuss my coverage _____

I want the: Protection Plus (Loss & Accidental Damage) Platinum Plan (Loss, Accidental Damage & Repair)
 Style: BTE RIC ITC HS ITE CIC MC Other _____

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	
Does your patient wear another instrument that is still under mfg. warranty?				Total Amount Due	\$

Manufacturer	Model	Serial #	Date of Purchase	Loss Mfg. Warranty Expiration Date

3 > **I wish to pay by:**

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)

Check made payable to ESCO
Credit Cards accepted:
 (Visa, MasterCard, American Express and Discover)
 Name on Card: _____
 Card #: _____
 Expiration Date: _____

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** or
Enroll Online at www.earserv.com/enroll