

ARE YOU WEARING AN OTICON REPLACEMENT HEARING AID?

Adding **ESCO loss & damage** protection to your replacement device gives you back the full coverage of your original warranty.

REPLACEMENT DEVICE COVERAGE

Loss & Damage Only

- Replacement of your hearing aid(s) if accidentally lost or permanently misplaced.
- Replacement or Repair of your hearing aid(s) if accidentally damaged.
- This coverage is available **ONLY** while the replacement device has the original Oticon repair warranty.

To enroll for ESCO coverage, complete the enclosed application.

NEED COVERAGE TODAY?

Apply online at www.esco.com/oticon

FOR MORE INFORMATION:

1-800-992-3726



CONTACT ESCO:

MAIL: ESCO

3215 Fernbrook Lane North
Plymouth, MN 55447

CALL: 1-800-992-3726

EMAIL: info@esco.com

ONLINE: www.esco.com/oticon

RENEWALS

Your ESCO policy can be renewed annually while the replacement aid is still under the manufacturer's repair warranty. You will be mailed a notification before your coverage expires.

HOW TO SUBMIT A CLAIM

Obtain a claim form at:
www.esco.com/oticon, by contacting ESCO at 1-800-992-3726, or from your hearing care practitioner.

WHAT HAPPENS AFTER A CLAIM?

Single Replacement – If your hearing aid is replaced, an **ESCO** representative will contact you to select new coverage for your replacement instruments.

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 hearing aids.
- Gradual deterioration, normal wear and tear, and electronic failure are NOT covered by this policy.

IMPORTANT NOTICE

Replacement hearing aids have no loss coverage under the manufacturer's warranty.

Add loss & damage coverage today at www.esco.com/oticon



In-Warranty
Replacement Hearing Aid
Loss & Damage Coverage
Annual Policy

TO ENROLL FOR COVERAGE

1. Complete the enclosed application.
2. Send the completed application and payment to **ESCO**. Note: BTE and RIC devices look similar, please double check your hearing aid style.
3. Once your application is processed, confirmation of your coverage will be mailed within 15 business days.
4. **ESCO** coverage begins the date of postmark on your application, providing all required information is received. If your application is incomplete, coverage will be effective once all necessary information is received.

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VETERANS

If you have used Veterans Administration hearing benefits for these hearing aids, please disregard this extended insurance coverage offer.

Replacement coverage is managed through the Veterans Administration.

PRICING*

Oticon models by technology level	Premium**
Real 1-R, Own 1, More 1-R, Opn 1S, Opn 1S-R, Xceed 1	\$219
Real 2-R, Own 2, More 2-R, Opn 2S, Opn 2S-R, Play PX1, Xceed 2	\$174
Real 3-R, Own 3, Own 4, Own 5, More 3-R, Opn 3S, Opn 3S-R, Play PX2, Ruby 1 & 2, Xceed 3, ZIRCON 1 & 2	\$154

*Premiums for the states of: Arkansas, Florida, Virginia & Washington may differ from table above, contact ESCO Sales at 1-800-992-3726 for pricing or visit us online at www.esco.com/oticon.

**Premium per device.

Application For Hearing Aid Loss and Damage Coverage

Enroll today by visiting: www.esco.com/oticon

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 hearing instruments listed.		
Wearer or Guardian Signature (Mandatory) _____		
These people are authorized to discuss my coverage _____		

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					
Manufacturer	Model	Serial #	Date of Purchase or Replacement	Exp. Date of Mfg. Warranty	Premium (per device)
Oticon	Right Aid	Right Aid	Month/Day/Year	Loss	\$
				Repair	
Oticon	Left Aid	Left Aid	Month/Day/Year	Loss	\$
				Repair	
Total Amount Due					\$
Do you wear another device still covered by the manufacturer's warranty?					
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 (if available): _____		
Check made payable to ESCO Credit Cards accepted: (Visa, MasterCard, American Express and Discover) Name on Card: _____ Card #: _____ Expiration Date: _____		

Practitioners Signature	
This step is not required if you are submitting an application within 60 days of receiving replacement hearing instruments.	
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)	

Enrollment Options:
Online www.esco.com/oticon
Mail this completed application and payment to:
ESCO, 3215 Fernbrook Lane, Plymouth, MN 55447
FAX this form with your credit card information to
 ESCO at 763-559-4247