

ESCO is the early pioneer and the longstanding leader of independent loss and damage coverage for hearing aids.

As an advocate, **ESCO** partners with you and your hearing care professional to help you protect and make the best use of your investment in better hearing.

Adding **ESCO** coverage to your hearing aids may save you from any costly and unexpected expenses caused by repair or replacement.

ESCO has two types of comprehensive insurance coverage for most manufacturers, models, and styles of hearing aids available:

PROTECTION PLUS - Loss & Damage

- Replacement of your hearing aid(s) if accidentally lost or permanently misplaced.
- Replacement or Repair of your hearing aid(s) if accidentally damaged.

PLATINUM PLAN - Loss, Damage, & REPAIR

- Replacement of your hearing aid(s) if accidentally lost or permanently misplaced.
- Replacement of your hearing aid(s) if damaged beyond repair.
- Repair to your hearing aid(s) by the manufacturer due to normal wear and tear or accidental damage.

To enroll for **ESCO** coverage, complete the enclosed application.

FOR MORE INFORMATION:

1-800-992-3726

www.ESCO.com

CONTACT ESCO:

MAIL: ESCO

3215 Fernbrook Lane North
Plymouth, MN 55447

CALL: 1-800-992-3726

EMAIL: info@ESCO.com

ONLINE: www.ESCO.com

RENEWAL & AUTO-RENEWAL

Renewals - **ESCO** policies are renewed annually. You will be mailed a notification before your coverage expires.

Auto-Renewals - Save a step and automatically renew your coverage by selecting Auto-Renewal online or on the application. Once renewed a confirmation for your records will be mailed to you.

HOW TO SUBMIT A CLAIM

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

WHAT HAPPENS AFTER A CLAIM?

Repair – If your hearing aid is repaired, your coverage will continue uninterrupted.

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 **ONLY** covered under Platinum Plan.

BROC1007-07-EE Platinum Plan 6/2022

Payment
Options
Available



HEARING AID LOSS, DAMAGE, & REPAIR COVERAGE

**A COMMITMENT TO BETTER HEARING
IS WORTH PROTECTING.**


Your partner in hearing aid protection

ESCO coverage pricing is based on specific hearing aid manufacturer, model, and type.

For exact coverage costs, visit:

www.ESCO.com

TO ENROLL FOR COVERAGE

1. Complete the enclosed application.
2. Choose what coverage option is right for you and your lifestyle.
3. Send the completed application and payment to **ESCO**. Note: BTE and RIC devices look similar, please double check your hearing aid style.
4. Once your application is processed, confirmation of your coverage will be mailed within 15 business days.
5. **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.

Want coverage today?

Apply online at www.ESCO.com/enroll

ESCO DOES NOT CHARGE YOU A DEDUCTIBLE FOR CLAIMS

However, you may be charged a fee for professional services performed by your practitioner in the event of a loss, damage, or repair claim. Your **ESCO** policy does not cover any fees for professional service.

FOR MORE INFORMATION:

1-800-992-3726

www.ESCO.com

APPLICATION FOR HEARING AID PROTECTION

| 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 | | |
| <input type="checkbox"/> The hearing device(s) I am applying for coverage on is/are in good working order. I understand, making false statements invalidates my coverage. | | | | | |
| 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 (per device) |
| 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 |
| | | | | | |
| Select Auto-Renewal (You will be reminded before your policy is Auto-Renewed.) | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | AUTO-RENEWAL |
| 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.ESCO.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. | | | | | |