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. This policy does not cover fees for professional services. ESCO and your practitioner work together to provide you the best possible solution should a replacement or repaired device be required.

Note: You may be charged a fee for professional services performed by your practitioner in the event of a claim. ESCO does not charge deductibles for claims.

DEFINITIONS, TERMS & LIMITATIONS
This brochure provides a summary of items regarding the Protection Plus Insurance Plan. Please refer to your policy for a complete listing of definitions, terms and limitations.

• Accidental damage means unintentional physical damage to your instruments.

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

• Single Replacement – If we replace your instruments, we will notify you regarding new coverage for your replaced instruments.

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

For more information, contact us at 1-800-992-3726
ESCO’s Protection Plus is insurance coverage for your hearing instruments. When you enroll in this program you will be covered for:
- Replacement of your hearing instruments if they are lost.
- Repair or replacement if your hearing instruments are accidentally damaged.

**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. Note: BTE and RIC devices look similar, please 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 completed application and your annual Protection Plus 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**
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.

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<table>
<thead>
<tr>
<th>POLICY HOLDER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wearer Name</td>
</tr>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td>City/State/Zip</td>
</tr>
<tr>
<td>Daytime Phone Number</td>
</tr>
<tr>
<td>E-Mail Address</td>
</tr>
<tr>
<td>Wearer Date of Birth</td>
</tr>
<tr>
<td>Guardian Name (If applicable)</td>
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</tbody>
</table>

**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**
Style: □ BTE □ RIC (RITE) □ ITC □ HS □ ITE □ CIC □ MC □ Other

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model</th>
<th>Serial #</th>
<th>Date of Purchase or Replacement</th>
<th>Exp. Date of Mfg. Warranty</th>
<th>Premium (per device)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Aid</td>
<td></td>
<td></td>
<td>Month/Day/Year</td>
<td>Loss</td>
<td>$</td>
</tr>
<tr>
<td>Left Aid</td>
<td></td>
<td></td>
<td>Month/Day/Year</td>
<td>Loss</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Month/Day/Year</td>
<td>Loss</td>
<td>$</td>
</tr>
</tbody>
</table>

**Does your patient wear another instrument that is still under mfg. warranty?**

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model</th>
<th>Serial #</th>
<th>Date of Purchase</th>
<th>Loss Mfg. Warranty Expiration Date</th>
</tr>
</thead>
</table>

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.

**I wish to pay by:**
Check made payable to ESCO
Credit Cards accepted: (Visa, MasterCard, American Express and Discover)

**Practitioner Information**
Office Name
Address
City/State/Zip
Phone Number
ESCO Customer Number:
(Please call ESCO 800-992-3726 to obtain customer number)

**Practitioner Signature**
I have examined the listed devices and certify they are in good working condition on the date shown above. Inspection valid for 30 days.

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**For more information, contact us at**
1-800-992-3726
3215 Fernbrook Lane N • Plymouth, MN 55447
www.earserv.com