

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



PROTECTION PLUS

Insurance Policy

LOSS AND ACCIDENTAL
DAMAGE INSURANCE



3215 Fernbrook Lane N • Plymouth, MN 55447
www.earserv.com



Trusted protection.

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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PROTECTION PLUS 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					
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	
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	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.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.					