

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 Protection Plus coverage provides loss and damage protection for your **Oticon** replacement hearing aid.

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.

To enroll for ESCO coverage, complete the enclosed application.

FOR MORE INFORMATION:

1-800-992-3726

www.esco.com/oticon



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

In-warranty 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.

NEED COVERAGE TODAY?

Apply online at www.esco.com/oticon

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**
More 1-R, Opn 1S, Opn 1S-R, Xceed 1	\$209
More 2-R, Opn 2S, Opn 2S-R, Play PX1, Xceed 2	\$169
More 3-R, Opn 3S, Opn 3S-R, Play PX2, Ruby 1 & 2, Xceed 3, ZIRCON 1 & 2	\$149

*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

Policy Holder Information

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

Wearer or Guardian's Signature

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

Style: ☐ BTE ☐ RIC ☐ RITE ☐ ITC ☐ HS ☐ ITE ☐ CIC ☐ MC ☐ Other _____

Manufacturer	Model	Serial #	Date of Replacement	Date of Manufacturer Warranty Expiration	Premium
Oticon	Right Aid	Right Aid	Month/Day/Year	Loss	\$
				Repair	
Oticon	Left Aid	Left Aid	Month/Day/Year	Loss	\$
				Repair	
Total Amount Due					\$

I wish to pay by:

Practitioner Information

Office Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
ESCO Center Number (if available): _____

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 _____

(Inspection valid for 30 Days)

Date _____

3>

Check made payable to **ESCO**

Credit Cards accepted:

(Visa, MasterCard, American Express and Discover)

Name on Card: _____

Card #: _____

Expiration Date: _____

Enrollment Options:

Online www.esco.com/oticon

Mail this completed application and payment to:
Oticon/ESCO, 3215 Fernbrook Lane, Plymouth, MN 55447

FAX this form with your credit card information to
ESCO at 763-559-4247