

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

As an advocate, **ESCO** partners with your hearing care professional, family, and friends 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](http://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.

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](http://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](http://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](http://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 <b>Auto-Renewal</b> (You will be reminded before your policy is Auto-Renewed.) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>AUTO-RENEWAL</b>					
Practitioner Information			I WISH TO PAY BY:		
Office Name			Check made payable to <b>ESCO</b>		
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: <b>ESCO, 3215 Fernbrook Lane N, Plymouth MN 55447</b> or FAX this form with your credit card information to ESCO at 763-559-4247 or Enroll Online at <a href="http://www.ESCO.com/enroll">www.ESCO.com/enroll</a>		
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.					