

Protect your hearing instrument(s) with an ESCO coverage plan. We offer two types of protection.

### LOSS & DAMAGE

An affordable coverage option, this plan provides loss and accidental damage protection.  
(DOES not include repair).

### LOSS, DAMAGE, & REPAIR

A complete coverage option, this plan provides loss and accidental damage protection, and includes 12-months of coverage for normal wear and tear of the device\*.

Coverage Options (examples)	Loss & Damage	Loss, Damage & Repair
Loss Dropped in lake or down drain; stolen; permanently misplaced	<b>YES</b>	<b>YES</b>
Repairs for Unintentional Damage Exposed to water, steam or fire – i.e. from plumbing or an appliance; accidentally stepped on; chewed by pet	<b>YES</b>	<b>YES</b>
Repairs for Normal Wear and Tear Corroded components due to perspiration or ear wax build up; dead, weak or intermittent; static or buzzing; excessive battery drain	<b>NO</b>	<b>YES</b>

### How To Enroll

1. Choose the coverage that's right for you
2. Complete and sign the Policy Holder Information on the attached application.
3. Bring your hearing aids to your practitioner for an inspection. Your practitioner will then complete the hearing aids information section.
4. Send the completed application and your payment to ESCO within thirty days of your practitioner's inspection or apply online at [www.ESCO.com](http://www.ESCO.com)
5. Once processing is complete, confirmation of coverage will be sent to you within seven business days.

### Coverage Effective Date

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.

### Renewal

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

### Submitting An ESCO Claim

To submit a claim, send a completed and signed claim form to ESCO via mail or **fax (800-894-6056)**. Claim forms can be obtained at [www.ESCO.com](http://www.ESCO.com) or by contacting ESCO at 800-992-3726 or from your practitioner.

Hearing devices are sophisticated electronic devices requiring specialized professional services only your practitioner can provide. ESCO and your practitioner work together to provide you the best possible solution if a replacement or repaired device is required.

Note: This policy does not cover any fee that may be charged for professional services performed by your practitioner in the event of a claim.

### Definitions, Terms And Limitations

This form 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 instruments.
- Gradual deterioration, normal wear and tear, and electronic failure are **ONLY** covered under the Platinum Plan.
- If your hearing instrument is repaired, your current ESCO coverage will continue uninterrupted.
- If your hearing instrument is to be replaced, you will be notified regarding adding new coverage to your replacement hearing aid.



For more information, contact ESCO at

**1-800-992-3726**

or enroll online at  
[www.ESCO.com](http://www.ESCO.com)



# Application For ESCO Coverage

1>

Wearer Name \_\_\_\_\_

## Policy Holder Information

Mailing Address \_\_\_\_\_

Guardian Name (If applicable) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Wearer Date of Birth \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

2>

I elect coverage on the device listed.

## Wearer or Guardian's Signature

Wearer or Guardian Signature (Mandatory) \_\_\_\_\_

These people are authorized to discuss my coverage \_\_\_\_\_

I want the: ☐ Loss & Damage

☐ Loss, Damage, & REPAIR

Style: ☐ BTE ☐ RIC ☐ ITC ☐ HS ☐ ITE ☐ CIC ☐ MC Other \_\_\_\_\_

Manufacturer	Model	Serial #	Date of Purchase or Replacement	Exp. Date of Mfg. Warranty	Premium
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 device that is still under mfg. warranty?

Manufacturer	Model	Serial #	Date of Purchase	Loss Mfg. Warranty Expiration Date

## Practitioner Information

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ESCO Center Number: \_\_\_\_\_

(Please call ESCO 800-992-3726 to obtain center number)

## Signature

I have examined the listed hearing instruments and certify they are in good working condition on the date shown below.

Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_

(Inspection valid for 30 Days)

3>

## I wish to pay by:

Check made payable to **ESCO**

**Credit Cards accepted:**

(Visa, MasterCard, American Express and Discover)

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Mail** this completed application and payment to:

ESCO, 3215 Fernbrook Lane, Plymouth, MN 55447 or

**FAX** this form with your credit card information to

ESCO at 763-559-4247



Your partner in hearing aid protection

3215 Fernbrook Lane N • Plymouth, MN 55447

1-800-992-3726 • FAX 763-559-4247

EMAIL: [info@ESCO.com](mailto:info@ESCO.com) • [www.ESCO.com](http://www.ESCO.com)