

ATTN: Protection Plus Plan
ESCO (Ear Service Company)
3215 Fernbrook Lane N
Plymouth, MN 55447-5325

— DETACH HERE —



PROTECTION PLUS

Insurance Policy for SpeechVive

LOSS AND ACCIDENTAL
DAMAGE INSURANCE

For more information, contact us at
1-800-992-3726



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



For your convenience, please detach and insert this application in a window envelope, this side facing out. The ESCO address is designed to show through a standard business envelope that has a window in the lower left corner.

— DETACH HERE —

ESCO's Protection Plus is insurance coverage for your SpeechVive. When you enroll in this program, your coverage will include:

- Replacement of your SpeechVive if it is lost.
- Repair or replacement if your SpeechVive is accidentally damaged.

HOW TO ENROLL

1. Complete and sign the Policy Holder Information and Wearer Or Guardian's Signature sections.
2. Bring your SpeechVive to your practitioner for an inspection. Your practitioner will then complete the Practitioner Information section.
3. Send the completed application and your annual Protection Plus payment to ESCO within thirty days of your practitioner's inspection of your SpeechVive, or apply online at www.esco.com.
5. Once processing is complete, confirmation will be sent to you within 7 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.

RENEWAL

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

*Premiums for some states may differ from the price shown, contact ESCO Sales at 1-800-992-3726 or visit us online at: www.esco.com.

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@esco.com or fax (800-894-6056). Claim forms can be obtained at www.esco.com or by contacting ESCO at 800-992-3726 or from your practitioner.

Your SpeechVive is a 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 AND LIMITATIONS

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 instruments.
- Gradual deterioration, normal wear and tear, and electronic failure are NOT covered by this policy. Your manufacturer's warranty may cover these occurrences. See your practitioner for more information.
- If we replace your SpeechVive, we will notify you regarding new coverage for your replaced SpeechVive.

POLICY HOLDER INFORMATION

Wearer Name: _____
Guardian Name: _____
Mailing Address: _____
City/State/ZIP: _____
Phone Number: _____
Email Address: _____
Wearer Date of Birth: _____

WEARER or GUARDIAN'S SIGNATURE

I elect coverage on the SpeechVive listed below.

Wearer or Guardian's Signature (MANDATORY):

These people are authorized to discuss my coverage:

ANNUAL COST AND PAYMENT

Protection Plus for SpeechVive **\$183***

I wish to pay by:

Check, make payable to ESCO.

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____

DEVICE INFORMATION

Serial Number: _____

Purchase Date: _____

Purchase Price: _____

PRACTITIONER INFORMATION

Office Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

ESCO Center Number: _____

(Please call ESCO at 1-800-992-3726 to obtain center number)

SIGNATURE

I have examined the listed SpeechVive and certify it is in good working condition on the date shown below.

Practitioner Signature

Date

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