

# 50%

of all insurance premiums  
will be applied to your  
personal hearing aid  
credit account to be used  
as a discount on future  
hearing aid purchases.

**Ask for details!**



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Fort Wayne, IN 46804

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10021 Dupont Circle Ct.  
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**(800) 555-5402**

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Be  
Ear-responsible!



Insure your hearing  
with our **HEARING AID**  
**INSURANCE** Program.





### What is the Ear-Responsible (E.R.) Hearing Aid Insurance Program?

It is an insurance plan that protects your hearing aids against loss, theft, fire, accidental damage, and much more.

### What does the "E.R. Plan" actually cover?

- Replacement of your hearing aids if lost, stolen, or damaged beyond repair during the coverage period.
- Repairs during the coverage period due to damage or every day wear and tear.
- Protection against defects in materials and workmanship during the coverage period.
- Any fees resulting from the replacement or repair of your hearing aids including hearing tests, programming, ear molds, shipping and handling, etc.

### When do I have to apply for coverage?

You can apply at any time. Your hearing aids simply need to be inspected to determine appropriate functioning before coverage can take place or when renewing your coverage.

### Will my coverage continue after my instrument is repaired?

Yes, until the expiration of the coverage period.

### Will my coverage continue on a replaced hearing aid?

No! Replacement of a hearing aid terminates your coverage for that instrument.

### Can my coverage be renewed?

- Yes! Coverage can be renewed at any time once your hearing aids have been inspected.
- You may also apply for coverage on a replaced hearing aid.

### Is there any deductible I must pay?

- Yes. There is a \$100 deductible on the replacement of a conventional hearing aid and a \$250 deductible on the replacement of a C.I.C. or programmable hearing aid.
- There is no deductible on the repair of hearing aids.

### Does the Ear-Responsible Insurance Program offer anything else?

Yes. The "E.R. Plan" applies fifty percent (50%) of all insurance premiums that you pay toward your personal hearing aid credit account to be used as a discount on future hearing aid purchases. (Deductibles on replaced hearing aids do not apply).



## APPLICATION FOR HEARING AID INSURANCE

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_

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### PLAN EFFECTIVE FOR:

Conventional Hearing Aids: \$59.95 per year

C.I.C. or Programmable Hearing Aids: \$119.95 per year

(Each hearing aid must be separately insured.)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Make checks payable to: THE HEARING CENTER