

Protect your advanced technology hearing instrument with a Midwest insurance plan. We offer two types of coverage for hearing instruments.

LOSS & DAMAGE PLAN

This policy provides coverage against loss and accidentally damaged devices. This plan does not include coverage for normal wear and tear repairs.

LOSS, DAMAGE & REPAIR PLAN

This policy provides coverage in case of loss or accidental damage and a 12-month repair warranty on normal wear and tear of the devices is included.

HEARING INSTRUMENT PRICING

Loss & Damage Plan*

Technology Level	In The Ear (CUSTOM)	Behind The Ear (RIC/BTE)
Premier	\$280	\$263
Advanced	\$201	\$211
Mid-Level	\$166	\$159
Entry	\$136	\$124

Loss, Damage & Repair Plan*

Technology Level	In The Ear (CUSTOM)	Behind The Ear (RIC/BTE)
Premier	\$390	\$355
Advanced	\$308	\$303
Mid-Level	\$275	\$251
Entry	\$246	\$216

*Florida premiums may differ from tables above, contact Midwest at 1-800-821-5471 for pricing or visit us online at: www.midwesthearingagency.com. Premium is per device.

PAYMENT OPTIONS

Payment options are available. Contact us.

ADDITIONAL PRICING

Remotes can be found online, or by contacting Midwest at 1-800-821-5471.

SUBMITTING A MIDWEST CLAIM

Hearing instruments are sophisticated electronic devices that require specialized professional services only your practitioner can provide. Midwest and your practitioner work together to provide you the best possible solution should a replacement or repaired device be required.

This policy covers the replacement or repair of your hearing instrument under a covered claim. It will also pay \$50.00 to your practitioner for an authorized invoiced claim. *This policy does not cover any additional charges for professional services performed by your practitioner. Contact your practitioner with questions on their fees.*

To submit a claim, your practitioner must send a completed and signed claim form to Midwest: by e-mail (info@mwhi.com), mail (Midwest Hearing Agency, 3219 Fernbrook Lane N, Plymouth, MN 55447), or by FAX (952-835-9481). *Practitioners may obtain claim forms online at www.midwesthearingagency.com, or by contacting Midwest at 1-800-821-5471.*

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 **ONLY** covered under the **Loss, Damage & Repair Plan**.
- If we repair your instruments, your coverage will continue uninterrupted.
- Single Replacement – If we replace your instruments, we will notify you regarding new coverage for your replaced instruments.

3219 Fernbrook Lane N • Plymouth, MN 55447

Toll Free: 1-800-821-5471

MIDWEST HEARING
AGENCY

HEARING INSTRUMENT INSURANCE COVERAGE



HOW TO ENROLL

1. Complete and sign the Policy Holder Information and Wearer Or Guardian's Signature sections.
2. Confirm hearing instrument style, then choose a coverage option that's right for you: **Loss & Damage Plan** or the **Loss, Damage & Repair Plan**.
3. Bring your hearing instruments to your practitioner for an inspection. Your practitioner will then complete the Hearing Instrument Information section.
4. Send the completed application and your payment to Midwest within thirty days of your practitioner's inspection or apply online at www.midwesthearingagency.com.
5. Once processing is complete, confirmation of coverage will be sent to you within 10-15 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 COVERAGE

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



APPLICATION FOR HEARING INSTRUMENT COVERAGE

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	
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"/> Loss & Damage Plan <input type="checkbox"/> Loss, Damage & Repair Plan					
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	
Auto-Renew is the hassle free way to maintain uninterrupted coverage of your hearing instruments. Midwest will remind you of the expiration of your coverage before automatically renewing.				<input type="checkbox"/> Yes <input type="checkbox"/> No AUTO-RENEWAL	
Practitioner Information				I WISH TO PAY BY:	
Office Name				Check made payable to Midwest Hearing Agency	
Address				Credit Cards accepted: (Visa, MasterCard, American Express and Discover)	
City/State/Zip				Name on Card:	
Phone Number				Card #:	
Customer Number:				Expiration Date	
(Please call 1-800-821-5471 to obtain customer number)				Mail this completed application and payment to: Midwest Hearing Agency, 3219 Fernbrook Lane N, Plymouth MN 55447 or FAX this form with your credit card information to Midwest at 952-835-9481 or Enroll Online at www.midwesthearingagency.com	
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.					