Protect your hearing instruments with Loss & Damage Insurance Coverage from Midwest.

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

**HEARING INSTRUMENT PRICING**

<table>
<thead>
<tr>
<th>Technology Level</th>
<th>In The Ear (CUSTOM)</th>
<th>Behind The Ear (RIC/BTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier</td>
<td>$280</td>
<td>$263</td>
</tr>
<tr>
<td>Advanced</td>
<td>$201</td>
<td>$211</td>
</tr>
<tr>
<td>Mid-Level</td>
<td>$166</td>
<td>$159</td>
</tr>
<tr>
<td>Entry</td>
<td>$136</td>
<td>$124</td>
</tr>
</tbody>
</table>

*Florida premiums may differ from tables above, contact Midwest at 1-800-821-5471 for pricing or visit us online at: www.midwestinstaquote.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 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@midwesthearingagency.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.
- 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
HOW TO ENROLL

1. Complete and sign the Policy Holder Information and Wearer Or Guardian’s Signature sections.
2. Confirm hearing instrument style.
3. Bring your hearing instruments to your practitioner for an inspection. Your practitioner will then complete the Hearing Instrument Information section and help you determine your premium, based on the technology level and style of your device.
4. Send the completed application and your payment to Midwest within thirty days of practitioner’s inspection or apply online at www.midwestinstaquote.com (when you select “Apply for Coverage” you will redirected to an enrollment page).
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 payment and 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

I WISH TO PAY BY:

Wearer Name: ____________________________
Mailing Address: ____________________________
City/State/Zip: ____________________________
Daytime Phone Number: ____________________________
Guardian Name (If applicable): ____________________________
E-Mail Address: ____________________________
Wearer Date of Birth: ____________________________

I elect coverage on the instruments listed.

WEARER OR GUARDIAN’S SIGNATURE

These people are authorized to discuss my coverage

Practitioner Information

Office Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Phone Number: ____________________________
Account Number: ____________________________

Credit Cards accepted: (Visa, MasterCard, American Express and Discover)
Name on Card: ____________________________
Card #: ____________________________
Expiration Date: ____________________________

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

I have examined the listed devices and certify they are in good working condition on the date shown above. Inspection valid for 30 days.

PRACTITIONER INFORMATION

Right Aid
Manufacturer: ____________________________
Model: ____________________________
Serial #: ____________________________
Date of Purchase or Replacement: ____________________________
Loss: ____________________________
Repair: ____________________________
Exp. Date of Mfg. Warranty: ____________________________
Premium (per device): ____________________________

Left Aid
Manufacturer: ____________________________
Model: ____________________________
Serial #: ____________________________
Date of Purchase or Replacement: ____________________________
Loss: ____________________________
Repair: ____________________________
Exp. Date of Mfg. Warranty: ____________________________
Premium (per device): ____________________________

Other
Manufacturer: ____________________________
Model: ____________________________
Serial #: ____________________________
Date of Purchase or Replacement: ____________________________
Loss: ____________________________
Repair: ____________________________
Exp. Date of Mfg. Warranty: ____________________________
Premium (per device): ____________________________

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.

AUTO-RENEWAL

Yes
No

I confirm the style of your hearing instrument

Style: □ BTE □ RIC (RITE) □ ITC □ HS □ ITE □ CIC □ MC □ Other

Device Information

Confirm the style of your hearing instrument

Device Information

Check made payable to Midwest Hearing Agency

Payment:

Mail: ____________________________
FAX: ____________________________
Enroll Online at www.midwesthearingagency.com

I WISH TO PAY BY:

Check made payable to Midwest Hearing Agency

Credit Cards accepted: (Visa, MasterCard, American Express and Discover)

Name on Card: ____________________________
Card #: ____________________________
Expiration Date: ____________________________

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

I have examined the listed devices and certify they are in good working condition on the date shown above. Inspection valid for 30 days.

Practitioner Signature: ____________________________
Date: ____________________________