

LOSS AND DAMAGE REPLACEMENT APPLICATION

Authorized Representative _____

Account Information Bill to _____ Ship to _____

Serial Number(s) _____ Receiver/Tubing Size and Side _____

Account Address _____

To be completed by client:

I hereby apply for a replacement hearing instrument(s) for the instrument(s) listed below.

The instrument(s) was ____ lost ____ damaged on or about _____ (date) due to the following:

I affirm that this application is not the result of intentional or fraudulent loss or damage. I understand that no further claims can be made under the loss and damage coverage for the instruments listed below. I understand that the replacement instrument(s) will have no loss and damage coverage and will have a warranty and hearing loss protection coverage only to the extent of any such coverage remaining on the original instrument(s).

Client's Name (Please Print) _____

Client's Signature _____ Date _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Witness Signature _____ Date _____

Authorized Representative _____

To be completed by dispenser or authorized representative:

Serial Number(s)

_____ Impressions Enclosed

_____ Use SLS Scans

_____ Damaged Instrument Enclosed